DOCUMENT RESUME

ED 343 671 PS 020 367

AUTHOR Cross, Alice Frazeur
TITLE Development and Implementation of a Program of Evaluation To Support Improvement of Organizational Components in a Child Care Center.
PUB DATE 92
NOTE 79p.; Ed.D. Practicum, Nova University.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Day Care Centers; Decision Making; Elementary Education; Employer Supported Day Care; *Evaluation Methods; Higher Education; *Organizational Development; Preschool Education; Problem Solving; *Program Evaluation
IDENTIFIERS Campus Child Care; *Context Input Process Product Evaluation Model; *Organizational Health

ABSTRACT

This practicum's goal was to improve the organizational components of a university child care center through the development and implementation of a comprehensive program of evaluation. Several evaluation models were considered. The Context-Input-Process-Product Model was selected for its flexibility in providing formative and summative results, its usefulness for decision making and problem solving, and its ability to incorporate currently used evaluation methods. A number of evaluation tools, such as parent evaluation of services and student evaluation of field experience, were adopted. Evaluation results were used to develop program goals. Results were also used by staff members to develop objectives for personal development. Results of the practicum were mixed. A comprehensive program of evaluation was implemented and organizational components were improved, but personnel perceptions of the organization's health demonstrated a downward trend. A number of reasons for the mixed results were offered, including the extra effort required of personnel to make changes and the fiscal status of the center. It was asserted that a comprehensive program of evaluation would take at least 2 years to become fully routinized in the program. (Appendixes comprising half the document include: Organizational Health Checklist, Calendar of Activities; Introductory Material for the CIPP Model; Samples of Evaluation Tools; and Organizational Health Checklist Prepracticum and Postpracticum Results.) (Contains 28 references.) (Author/GLR)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

X Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED343671

Development and Implementation of a Program of Evaluation to Support Improvement of Organizational Components in a Child Care Center

by

Alice Frazeur Cross

Cluster 35

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Alice Frazeur Cross

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

A Practicum I Report Presented to the Ed.D. Program in Early and Middle Childhood in Partial Fulfillment of the Requirements for the Degree of Doctor of Education

NOVA UNIVERSITY

1992

PS 020367

BEST COPY AVAILABLE

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Marian K Adair
Marian K. Adair

Dean of Students

Walb 113 Indiana-Purdue at Ft Wayne
Address

2-10-92
Date

This practicum report was submitted by Alice Frazeur Cross under the direction of the adviser listed below. It was submitted to the Ed.D. Program in Early and Middle Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education at Nova University.

Approved:

January 27, 1992
Date of Final Approval of Report

Richard Goldman
Richard Goldman, Ph.D., Adviser

TABLE OF CONTENTS

Page

TABLE OF CONTENTS iii

ABSTRACT iv

Chapter

I INTRODUCTION 1

Description of Work Setting and Community 1
History of the Work Setting 1
Writer's Work Setting and Role 2

II STUDY OF THE PROBLEM 4

Problem Description 4
Problem Documentation 5
Causative Analysis 7
Relationship of the Problem to the Literature 8

III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS 11

Goals and Expectations 11
Behavioral Objectives 11
Measurement of Objectives 13

IV SOLUTION STRATEGY 15

Discussion and Evaluation of Possible Solutions 15
Description and Justification for Selected Solution 22
Report of Action Taken 23

V RESULTS, DISCUSSION AND RECOMMENDATIONS 30

Results 30
Discussion 34
Recommendations 36
Dissemination 36

REFERENCES 37

APPENDICES 39

A ORGANIZATIONAL HEALTH CHECKLIST AND NATIONAL ACADEMY OF EARLY CHILDHOOD PROGRAMS COMPONENT DESIGNATIONS 40
B CALENDAR OF ACTIVITIES 46
C INTRODUCTORY MATERIAL FOR THE CIPP MODEL 51
D SAMPLES OF EVALUATION TOOLS 54
E ORGANIZATIONAL HEALTH CHECKLIST PREPRACTICUM AND POSTPRACTICUM RESULTS 73

ABSTRACT

Development and Implementation of a Program of Evaluation to Support Improvement of Organizational Components in a Child Care Center. Cross, Alice Frazeur., 1992: Practicum I Report, Nova University, Ed.D. Program in Early and Middle Childhood. Descriptors: Day Care Center/Organizational Development/Program Evaluation/ Early Childhood Education/Teacher Evaluation/ Parent Evaluation/Evaluation Models/CIPP Model/Decision Making

The practicum goal was improvement of organizational components within a child care center through the development and implementation of a comprehensive program of evaluation. A number of evaluation models were considered. The Context-Input-Process-Product Model was selected for flexibility in providing formative and summative results, usefulness for decision making and problem solving, and ability to incorporate currently used evaluation methods. A number of evaluation tools were adopted such as parent evaluation of services and student evaluation of field experience. Goals and objectives, based on evaluation results, were written for program improvement and by individuals for personal development.

Results of the practicum were mixed. A comprehensive program of evaluation was implemented, organizational components were improved, but personnel perceptions of the organization's health demonstrated a downward trend. A number of reasons were offered, including the extra effort required of personnel to make changes, and the fiscal status of the center. It was recommended that a comprehensive program of evaluation would take at least two years to become fully routinized in the program.

****

Permission Statement

As a student in the Ed.D. Program in Child and Youth Studies, I do (✓) do not ( ) give permission to Nova University to distribute copies of this practicum report on request from interested individuals. It is my understanding that Nova University will not charge for this dissemination except to cover the costs of microfiching, handling, and mailing of the materials.

2/15/92
(date)

Alice Frazeur Cross
(signature)

CHAPTER I

INTRODUCTION

Description of Work Setting and Community

The child care center in which the practicum was implemented, is a complex organization with numerous functions and stakeholders. Located in a Midwestern city of 180,000 people, the private, nonprofit child care center is maintained by a consortium of three state-supported institutions. The institutions include a residential training facility for developmentally-disabled adults, a technical college, and a university. The technical college and the university are both suburban commuter campuses. All three institutions have adjoining property lines which facilitate relationships. A consortium agreement between the institutions delineates the in-kind contributions each makes to the center, details additional responsibilities, and defines the benefits that each receives.

History of the Work Setting

The child care center began in 1971 as a campus child care center for the university. Its first site was a temporary removable office module located just outside the door of what was the only building on campus at the time. In 1976, the center moved off campus to a property owned by the residential training facility. Shortly after that time, the technical college began to use the center as a practicum site for its students in the child care field. During 1985, discussion was initiated about the possible development of a consortium between the three institutions for the purpose of providing child care services for employees and students of all three institutions. This was facilitated by the residential training facility's need for the building that was being used by the child care center. In its place, the training facility offered space in a building on its own grounds, but which was still adjacent to both the college and the university. Agreement was reached and the center moved to its current location on the grounds of the residential training facility in 1986. During 1989 negotiations began between one of the city's hospitals and the consortium for the purpose of the hospital's inclusion in the consortium and the construction of a new facility. The relationship with the hospital was facilitated by the joint nursing program created between the hospital and the university.

Writer's Work Setting and Role

The primary function of the organization is the provision of child care services to families who are students, employees, or faculty affiliated with one of the consortium institutions. Thus, the center provides both campus child care and employer-supported child care. Children attend the center on full-time, part-time, and drop-in bases. An average of one hundred twenty children are enrolled in seventy-seven slots. During the academic year services are provided to children ages six months through six years, and during the summer, services are provided through age twelve. The center is open 6:30 a.m. to 6:00 p.m. Monday through Friday.

The secondary function of the organization is the provision of educational experiences to students of the college and the university. Students from the Child Development Program of the technical college implement practica under the joint supervision of their college instructors and center teachers. University students from the Early Childhood, Consumer and Family Science, Mental Health Technology, Nursing, and English Departments take part in a variety of experiences supervised by their instructors and/or center teachers.

The personnel of the child care center are employees of the university Student Affairs Department. Five teachers, an account clerk, and a director, all of whom receive employment benefits, comprise the full-time staff. Part-time employees include an average of fifteen student assistants and two temporary nonstudent assistants.

The board of directors for the organization consists of two representatives from each of the institutions and one representative from the future consortium partner. The board advises the center director on various program development matters, and receives financial, enrollment, and program reports. In addition, the board makes recommendations on fees for the services and the annual renewal of the consortium contract.

The author holds the position of director of the child care center. Responsibilities include the implementation of the daily program of services to children and families, supervision of the program of educational experiences for college and university students, and supervision of center personnel. The director is responsible for reporting appropriate information to the university and the board of directors. It is also the director's responsibility to maintain the standards of performance specified by the university and the board, and as such, to guide the

development and implementation of the philosophy, goals, and objectives of the organization.

The academic background of the author includes an Ed.D. in progress in Early and Middle Childhood, and Master's and Bachelor's degrees in Education. The author's professional background includes positions as teacher and administrator in public, private, and government-sponsored child care centers, and as a teacher of college-level early childhood courses.

CHAPTER II

STUDY OF THE PROBLEM

Problem Description

The child care program functioned adequately rather than successfully due to the existence of a number of smaller concerns and issues, which also suggested the presence of a problem of a larger scope. Some of the concerns and issues included communication failures, personnel performance inadequacies that did not become resolved, uncertainty as to whether the program met the needs of parents or the needs of the students who use the center for learning experiences, and confusion concerning the mission of the program. Although an individual parent, center employee, or college student may have experienced only one concern, taken in total, the concerns and issues represented a larger problem that impacted each person who had any interaction with the organization.

Failure to consider the concerns and issues as being part of a larger problem meant that each of them was only being addressed individually. In that situation, resolving a single concern was like treating a symptom of an illness, but not making the necessary life-style change to create health. The concerns and issues were complicated by the two different service functions, as a provider of child care services and as a provider of educational experiences; and even further complicated by the array of stakeholders resulting from the consortium sponsorship.

The author became director of the organization in August, 1988 with the mandate to implement an organizational turnaround. The previous administration had not focused on maintaining performance standards. With the business management of the organization under the supervision of the university, the center was exempt from licensing. The three institutions did not find the resources to implement the required changes since provision of child care services has not been the primary mission of any member of the consortium. While the learning experiences for the children were good, the management of the program needed many changes. In addition to change in directorship, the individuals who made up the board of directors, except for one person, changed during the same year. Since August, 1988 there has been an ongoing process of development that has continued with the implementation of this practicum.

The presence of a problem related to the organizational health of the child care center was

indicated by a range of concerns and issues that prevented the successful development and implementation of the program. The problem which this practicum addressed was as follows: The organizational health of the child care center was insufficient to promote the successful development and implementation of the program.

Problem Documentation

Evidence of the problem was provided by data from an organizational health checklist and by an assessment of the evaluation activities that occur within the program.

Organizational Health Checklist

The Organizational Health Checklist (see Appendix A) devised by R. Neugebauer (1981/1990), was utilized to assess member perceptions of the organization's strengths and weaknesses. Facets of the organization covered by the checklist include planning and evaluation, motivation and control, group functioning, staff development, decision making and problem solving, financial management, and environmental interaction. The checklist was adapted to incorporate a Likert scale with strongly agree, agree, unknown or undecided, disagree, and strongly disagree categories.

The checklist was completed by thirteen members of the organization, each of whom had been employed at the center a minimum of four months. This included five full-time teachers, a full-time account clerk, and seven part-time assistants.

The mean response for each question was determined by assigning values to each category as follows: strongly agree: +2.00; agree: +1.00; unknown or undecided: 0.00; disagree: - 1.00; strongly disagree: - 2.00. The mean was calculated for part-time, full-time, and total employee groups; and for each item, section, and the checklist as a whole. The mode was determined for the total employee group for each item. Areas of weakness were established by identifying any item which first, had a mean response of +0.33 or less as compared to +1.00 indicating agreement, or second, had a mode in the undecided or disagree categories. The findings were as follows (see Appendix E for complete results):

1. Full-time personnel indicated only minimal agreement, mean +0.33, with statements concerning the presence of program goals, participation in the development of those goals, the

presence of an ongoing process for evaluating progress towards those goals, and that evaluation findings are acted upon.

2. Part-time employees indicated minimal agreement, mean +0.29, with the statement that all members know their roles and their required task performance.

3. Full-time employees were equally divided - three agree/strongly agree and three disagree/strongly disagree (mean of 0.00), concerning minimization of staff burnout through provision of personal responsibility for managing own work, variety in work assignments, training opportunities, and support.

4. A total group mean of +0.08 suggested that staff believe divergent thought related to goals, philosophies, methods, or results is not encouraged.

5. A part-time employees' mean of +0.14 suggested that part-time personnel have minimal belief that staff recruitment and selection is a high priority to assure attainment of center goals.

6. Full-time personnel indicated only minimal belief, mean of +0.17, that the organization's leadership has complete confidence in the skills of staff members and makes every effort to tap these skills.

7. Full-time personnel indicated minimal belief, mean of +0.17, that problems are solved and decisions made in a timely, effective manner.

8. A total group mean of +0.15 suggested that staff feel decisions are not communicated to all affected staff members or fully implemented.

9. Frequency of responses indicated that staff knew little concerning financial management and environmental interaction components of the organization as demonstrated by modes in the category unknown or undecided for ten of the eleven items.

The results of the checklist also provided information on the strongest points of the organization. Staff members freely cooperate, sharing resources, ideas, and experiences (mean +1.69 as compared to +2.00 for strongly agree) and they feel they are part of a group and have a sense of loyalty to the organization (mean +1.15 as compared to +1.00 for agree). These items were especially important to remember when considering the emotional component of organizational change.

Assessment of Evaluation Activities in Program Components

A yes/no system and the National Academy of Early Childhood Programs criteria (National Association for the Education of Young Children, 1984) identifying program components, were utilized to determine whether evaluation was occurring for each component and whether findings resulted in plans for program development (see Appendix A). The results indicated that although many aspects of the program were evaluated, there were a number of areas that were not addressed or were only partially addressed. In addition, evaluation findings did not consistently result in plans for program development in any area. The program components and aspects which lacked complete evaluation were as follows:

1. Interactions among Staff and Children: Assistant interactions were not formally evaluated.
2. Curriculum: The curriculum was not evaluated to determine the match with the program mission and philosophy.
3. Staff-Parent Interaction: There was no parent evaluation of services.
4. Staff Qualifications and Development: There was no evaluation of staff training opportunities, nor was there evaluation of training experiences provided to university or college students.

Causative Analysis

There were multiple, interactive causes of the problem. These causes might have been contributed by the same source which provided the benefits of child care service to employees and students, that is, the consortium agreement. Historically, contributions from each institution provided the resources and support necessary to continue providing services, but not to the extent that would have allowed full development as a model institution. As a result the multiple, interactive causes are as follows:

1. The center's mission and philosophy existed in an implied format rather than a written format.
2. The center lacked a fully articulated and implemented evaluation program.
3. The organizational structures and affiliated training programs which are necessary for transforming results of evaluations into goals, objectives and activities,were not complete.
4. Administration of the program was fragmented and lacked an organizing structure.

Relationship of the Problem to the Literature

"Change is inevitable in all organizations" (London, 1988, p. 1). Assuming as London does, that organizational change is inevitable, it is also safe to assume that the organization which is at the focus of this practicum will change as well. Since change will take place, it can take place in one of three ways. Change can be positive, negative, or neutral. Positive change would be that which nurtures the organization, one of informed decisions and controlled direction. This would be recognized as successful organizational development. Negative change would be that which damages or destroys the organization, one of uninformed or erroneous decisions, unanticipated external influences beyond the knowledge of the organization, and misguided direction. This would be recognized as failed organizational development. Neutral change would be that in which things have altered to something different, neither positive or negative. This could take place through incorrect information or the absence of control. Such an organization would be recognized as having an absence of development. The intent of this practicum is problem solving and promoting the development of the organization. In other words, it is the process of choosing to adopt planned positive change.

Earlier in this paper the practicum problem was stated as: The organizational health of the child care program is not sufficient to produce successful development and implementation of the program. A review of the literature was made in order to gain a clear understanding of the problem stated as the need for successful organizational development. Neilsen (1984) provides a definition for organizational development based on the work of other authors in the field. It is as follows:

> Organizational Development is the attempt to influence the members of an organization to expand their candidness with each other about their views of the organization and their experience in it, and to take greater responsibility for their own actions as organization members. The assumption behind OD is that when people pursue both of these objectives simultaneously, they are likely to discover new ways of working together that they experience as more effective for achieving their own and their shared (organizational) goals. And that when this does not happen, such activity helps them to understand why and to make meaningful choices about what to do in light of this understanding. (Neilsen, 1984, pp. 2-3)

This definition incorporates some key points from the organizational development strategy designated as integrationist. According to Reed (1985, p. 206) the integrationist strategy has as a central intellectual issue organizational structures which, through collaboration processes, "members construct and reconstruct . . . to create a set of arrangements most favourable to their perceived interests" (p. 176). Further support for adopting the definition of organizational development offered by Neilsen, is Kilmann's perspective of an adaptive organizational culture in which "members actively support one another's efforts to identify all the problems and implement workable solutions. . . . There is widespread enthusiasm, a spirit of doing whatever it takes to achieve organizational success" (1989, p. 50).

The literature on organizational development contains substantial documentation about organizations that lack the health necessary for successful development. Evidence of problems is demonstrated by descriptions of employee dissatisfaction, high employee turnover rates, financial loss, poor productivity, lack of involvement from the people of the organizations, poor decision making, and failed attempts to solve problems. Eisenstat (1990, pp. 19-35) cites the problems experienced by an organization which was to do the plant start-up for the manufacturing of air conditioning units. Problems included communication breakdown between members of the management team, failure to develop into a team, and the lack of strategies for development. Causes of problems at the plant were identified as "unclear management direction, the complexity of the group's task, relatively inexperienced team members, large group size, members unwillingness to deal explicitly with conflict, and the absence of clear and consistently respected norms about appropriate member behavior" (p. 27). The child care center experienced comparable problems in the lack of clear management direction resulting from an absence of a delineated mission for the child care center, and relatively inexperienced student assistants who as team members do not fully understand their role in the organization. Therefore, it should be asked whether the child care center problems have the same set of causes as those of the manufacturing organization. Although the consultants indicated that the managers were individually talented and motivated and over all, the start up was successful, the Fairfield plant was shut down within three years. It is likely then, that the those elements identified as causes, were

not the source of the problems for the Fairfield Coordinating Group and might not be for the child care center either.

Kilmann (1989) and Dumaine (1990) indicate that the source of many problems lies in the area of organizational assumptions. "Assumptions are beliefs whose truth has been taken for granted but that may turn out to be false under closer analysis" (Kilmann, 1989, p. 33). Barzelay and Leone (1987) describe a task force directed towards waste and mismanagement, which was implemented by a governor to improve the operation of the state government through cutting costs and increasing productivity. The initiative failed, due in part to inaccurate assumptions about the focus of the initiative and to the feelings communicated to employees that they lacked the desire and the ability to fully implement the needed changes. Dumaine (1990) describes a large fast food product business which was dealing with a substantial financial loss as a result of making the assumption that its product lines were individual entities and could be considered separately. Problem solving attempted to address one component of its business, instead of looking for root causes in the organization as a whole. Another assumption related to problem-solving, is that implementing a solution will solve the problem. Greenman (1987) cites a study he and Fuqua implemented to determine the impact of a conference on day care environments. The evaluations completed on the conference experience indicated attendees' positive reactions, yet concrete evidence collected three months after the conference revealed marginal change. The assumption was made that providing the information and application ideas would facilitate the development of appropriate environments for children.

Change is inevitable, therefore, it is appropriate to guide the changes an organization experiences, in a way that will promote successful organizational development. The literature indicates that the assumptions making up the core of the organization need to be examined to determine the sources of the problems. The questions which need to be addressed are how to identify problem areas, how to gain an understanding of the assumptions related to those problems, and how to use that understanding to guide the changes necessary to promote successful organizational development.

CHAPTER III

ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS

Goal and Expectations

It was anticipated that the successful development of the organization as a whole, would be promoted, which in turn would resolve smalier concerns and issues. The following goal was projected for this practicum: Organizational components of the child care center will be improved.

Behavioral Objectives

The objectives specified the desired outcomes, the means by which the outcomes were to be assessed, and the standards against which they were to be judged. At the conclusion of the implementation period, the Organizational Health Checklist (Neugebauer, 1981/1990; see Appendix A) was to be administered with the following outcomes projected:

1. Responses from full-time personnel will demonstrate a mean of at least +1.00 indicating agreement with the statements concerning the presence of program goals, participation in the development of those goals, the presence of an ongoing process for evaluating progress towards goals, and that evaluation findings are acted upon.

2. Responses from part-time employees will demonstrate a mean of at least +1.00 indicating agreement with the statement that all members know their roles and their required task performance.

3. The frequency of responses of full-time employees concerning minimization of staff burnout through provision of personal responsibility for managing their own work, variety in work assignments, training opportunities, and support, will demonstrate a mode for agree/strongly agree responses.

4. Responses will demonstrate a mean of at least +1.00 indicating agreement with the statement that divergent thought related to goals, philosophies, methods, or results is encouraged.

5. Responses of part-time employees will demonstrate a mean of at least +1.00 indicating agreement with the statement that staff recruitment and selection is given a high priority to assure attainment of organization goals.

6. Responses will demonstrate a mean of at least +1.00 indicating agreement with the statement that the organization's leadership has complete confidence in the skills of staff members and makes efforts to tap these skills.

7. Responses from full-time personnel will demonstrate a mean of at least +1.00 indicating agreement with the statement that problems are solved and decisions are made in a timely, effective manner.

8. Responses will demonstrate a mean of at least +1.00 indicating agreement with the statement that staff feels decisions are communicated to all affected staff members and fully implemented.

9. The frequency of responses on sections related to financial management and environmental interaction will demonstrate a mode for agree responses indicating personnel knowledge of the program components.

At the conclusion of the implementation period, a survey of the evaluation program was also to be implemented using the National Academy of Early Childhood Program criteria (National Association for the Education of Young Children, 1984; see Appendix A). The objectives included:

1. Each assistant employed in the program ninety days or longer, will have had a performance evaluation as demonstrated by the existence of a completed evaluation document, signed by the employee, in her or his personnel folder.

2. The curriculum will have been evaluated to determine the match with the program mission and philosophy as demonstrated by the existence of a completed curriculum evaluation document.

3. Parent evaluation of services will have been completed as demonstrated by existence of completed parent evaluation forms.

4. Evaluation of training experiences provided to staff members and to university and college students will be demonstrated by the existence of training logs and individual evaluations of training events.

5. Evaluation results will be utilized to generate personnel and program development, as demonstrated by the existence of personal goals and objectives developed by each staff member, and by the existence of program goals and objectives related to each component of the organization.

Measurement of Objectives

The measurement of the objectives was to occur in two ways. The first was through the use of the Organizational Health Checklist designed by R. Neugebauer (1981/1990; see Appendix A). The second method was to utilize program component designations from the National Academy of Early Childhood Programs criteria (NAECP, 1984; see Appendix A). The checklist and NAECP criteria were also used during the problem study phase of the practicum project. As a result of their subsequent use for measurement of objectives, they formed a pretest/posttest format.

The Organizational Health Checklist (Neugebauer, 1981/1990) was selected as one of the tools for measuring objectives for three reasons. First, the checklist considered each of the major organizational components found in any organization, but was written to address the day care setting. It contained forty questions divided into Planning and Evaluation, Motivation and Control, Group Functioning, Staff Development, Decisionmaking and Problem Solving, Financial Management, and Environmental Interaction sections. As stated by Neugebauer, "The purposes of the criteria are to help you identify your organization's strengths and weaknesses and to enable you to develop strategies for improving the performance of your organization" (1990, p. 38). Second, the language used in the statements was generally understandable by center personnel whether they were new to the child care field or had been early childhood educators for many years. Third, the checklist was of a length that it could be completed by busy child care personnel during children's daily nap period. The checklist was adapted by the author to incorporate a Likert scale with categories of strongly agree, agree, unknown or undecided, disagree, and strongly disagree. Inclusion of the scale allowed an accurate assessment of responses by finding both the mean and mode for each question, section, and the checklist as a whole. An additional section at the end of the checklist provided opportunities for individuals to offer comments.

The checklist was to be given to each person who had been employed with the program for at least four months, the equivalent of one semester. The checklist was to be completed individually, requiring less than an hour to finish. Instructions requested that each individual return the checklist anonymously by placing it in a collection envelope within one week of the distribution date.

The assessment of evaluation activities in program components utilized component designations from the NAECP (1984) criteria for programs of the highest quality. The designations included Interactions among Staff and Children, Curriculum, Staff-Parent Interaction, Staff Qualifications and Development, Administration, Staffing, Physical Environment, Health and Safety, Nutrition and Food Service, and Evaluation. The assessment was to be implemented by the author in a series of steps. First, an example was to be collected of each evaluation instrument used in the center. Second, each sample item was to be identified with a component designation. Third, examples were to be collected of the goals and objectives developed from the results of implementing each evaluation instrument. The remainder of the assessment process was to be a review of all the materials and a summary of the findings. Selection of the NAECP criteria as an assessment device was based on recognition of NAECP as the accrediting institution for early childhood programs and thus the standard for quality.

CHAPTER IV

SOLUTION STRATEGY

Discussion and Evaluation of Possible Solutions

The organizational health of the child care center was determined to be insufficient to promote the successful development and implementation of the program. A review of the literature indicated that it was necessary to identify problem areas, then to gain an understanding of the related assumptions, followed by selecting ways in which to use those understandings to guide the changes necessary to promote successful development. Those processes of identification, study, and decision making are components of evaluation. Evaluation is a mechanism by which information can be collected and utilized to guide change.

> Evaluation research is becoming an increasingly important tool of program management. For example,cost-benefit evaluations . . . are done to determine whether programs are producing benefits that justify their costs. Another use of evaluations is to hold managers accountable for producing results. Evaluations, are done too, to generate data that will help managers make sound decisions relating to program design, personnel, and budget. (Borg & Gall, 1989, p. 743)

A review of the literature yielded an array of evaluation methods that could be utilized for the purpose of increasing knowledge and understanding about an organization. House (1983, p. 48) published "A Taxonomy of Major Evaluation Models". Stufflebeam and Webster's work (1983, p. 37-40) included two tables analyzing the political-orientation and the values-orientation study types. The total number of evaluation methods was too large to review the specific applicability of each one. In order to determine which methods should be considered, the array was screened for appropriateness by determining whether each particular method addressed the identified problem areas. The organizational areas that were identified through the Organizational Health Checklist as having problems included planning and evaluation, motivation and control, staff development, and decision making and problem solving. In addition, the considered methods needed to be able to provide a flow of information that would support an ongoing program of planned change, as compared to a one-time information package that might be used to solicit

funding. The methods suggested by the screening process were the Management by Objective; Program-Planning-Budgeting System ; and Program Evaluation and Review Technique (PERT). An additional method, Context-Input-Process-Product Model (CIPP) needed to be considered as well. For unknown reasons this particular model was not included in either the taxonomy listing or the study types listing. A final option was the in-house development of an evaluation methodology.

Objectives-based evaluation (Tyler, 1983, pp. 67-78) was developed in response to demonstrated needs at Ohio State University for a method that could do two things. First, the method needed to guide college instructors in teaching the content which they expected students to acquire in a course of instruction. Secondly, the method needed to provide a means for assessing student progress. The result was the utilization of objectives for planning and evaluating. An objective has four elements: a) definition of of purpose, b) experiences needed to achieve purpose, c) the organization of the experiences, and d) method and standard for determining attainment (Tyler, 1949, p. 1). This method has been used in management of projects (Frame, 1987, p. 3) and programs (Sciarra & Dorsey, 1979, p. 16, Johnson, 1988, p. 185). The author has had personal experience with use of the method for program development while in the role of education coordinator at a government-sponsored compensatory preschool education program. The method was used for the development of program components such as special needs services, parent education, and child education; for the delineation and assessment of achievement of individual plans of development for personnel; for individualized education plans for children; and for the program as a whole.

The Program-Planning-Budgeting System is a decisionistic model that has been used as an evaluation method in a variety of government-sponsored programs (Floden & Weiner, p. 178). The basis of the model is delineation of needs and goals, consideration of solutions, assessment of the costs as compared to the benefits, and decisions based on the results of the assessment. The model was implemented by the Ganado Public School District (Boloz & Loganbill, 1983) to facilitate decentralization of the budgeting process. During the initial step of implementation, objectives were defined that described pedagogical strands of the curriculum. At that time the group determined that there was a need to modify some of the district's philosophical goals

and to prioritize objectives. The process was then used to successfully generate one-, three-, and five-year budget plans.

Program Evaluation and Review Technique (PERT) developed out of the need for planning and controlling the complex programs associated with the development of weapons and space systems (Lee, Moeller, & Digman, 1982). PERT is a networking methodology for organizing activities associated with a program or project, and of planning the associated time requirements (Borg & Gall, 1989, p. 75). A variety of PERT forms have evolved as the needs for more sophisticated networks developed. One form is Graphical Evaluation and Review Technique which provides for unanticipated events during project development (Lee, Moeller, & Digman, 1982). Another form is a computerized format: Venture Evaluation and Review Technique which facilitates decisions based on "time and/or cost and/or performance" (Lee, Moeller, & Digman, 1982, p. 31). Despite the method's governmental-industrial origins, it is applicable to educational settings as well. An example is the Navy's use of PERT (Radencich, 1983) to improve the management of the special education referral process. The first stage was the delineation of objectives, followed by the development of a work breakdown structure which subdivided activities into manageable units (p. 3). The use of PERT facilitated the management of multiple referrals by tracking time factors and personnel needs, as well as, the monitoring of the status of each referral case.

The Context-Input-Process-Product Model (CIPP) was developed by Stufflebeam as a result of the evaluation requirement contained in federally-funded education programs (Stufflebeam, 1983). Composed of four types of evaluation, it is a decision-making strategy with both formative and summative capabilities for improving systems (p. 125-126). Context evaluation is geared toward assessing the environment of the organization and evaluating organizational goals, objectives, and needs for the purpose of supporting planning decisions. Input evaluation focuses on program strategies, structures, budgeting and resource inventories for the purpose of supporting structuring decisions. Process evaluation facilitates decisions about the implementation process for the achievement of program goals. Product evaluation assesses the quantitative and qualitative value of a product based on standards, as well as providing unexpected outcome information. Such evaluation supports what are called recycling decisions

which are decisions related to continuation or termination of activities. There are various methods associated with each of the four evaluation types. For instance, Stufflebeam suggests using system analysis, survey document review, hearings, etc. for context evaluation, while outcome methods are determined by operational and measurable outcome criteria, stakeholder judgements, and qualitative and quantitative analyses (p. 129). The CIPP Model has been used extensively in evaluation of education programs. Heikimian (1984) describes its use to evaluate the staff development program of a community college. The evaluation process resulted in validated criteria for the development program.

A final alternative is the in-house development of a method of evaluation. An example of such a method is the one described by Johnson (1988) for use in a program that provided special education services for children ages birth through three. The method was based primarily on Stufflebeam's CIPP Model (p. 187), but focused on the input, process, and product phases of evaluation. The method incorporated elements from Tyler in the use of behavioral objectives. In addition, the awareness of other outcomes than those related to objectives was derived from Scriven's goal-free methodology. A similar option could be implemented as the solution in the child care center based upon input, process, and product evaluation and a combination of performance audits and personnel evaluation. Child care centers have regular performance audits based on licensing guidelines and/or the requirements determined for programs which receive federal funding (Sciarra & Dorsey, 1979). The combination of a modified CIPP model, performance audits, and personnel evaluation would then constitute the method.

Examination of the benefits, deficits, and feasibility of each method was essential for determining which methodology was most appropriate for implementation in the child care program. The results are detailed in the following paragraphs.

Two of the most important benefits of objectives-based evaluation were the specificity of direction in program development, and the clear determination of achievement of program objectives. These findings were supported by Johnson (1988, p. 185), who also cited the simplicity in applying the model to guide children's development and its usefulness in accountability with parents and administrators. Deficits of the method were found to be its failure to expose other results than those related to the objectives and the difficulty of transforming

some types of educational outcomes into objectives (Johnson, 1988, p. 185; Stufflebeam, 1983, p. 119).

Management by Objectives could have been an effective solution for the child care program. Full-time personnel already knew how to write objectives. The ability to demonstrate progress would have been useful for showing achieved gains which is important for employee morale. With effective objectives the method would have been able to function in a formative capacity, but unanticipated events or outcomes might not have been documented for inclusion in later objectives. Management by Objective would be an appropriate method when there is clear knowledge of what needs to be implemented, but within the child care center that had not been fully determined. Since the selected evaluation method would need to function as a means of supporting decision making, other methods such as needs assessment would be necessary to provide the linking information from stakeholders about what was lacking or what needed to be implemented. This would be especially true for the processes required for transforming an assumed mission and philosophy into a written format. Management by Objective would not have provided means for stakeholder input on development.

The strengths of the Program-Planning-Budgeting System were cited by Boloz and Loganbill as "(1) provisions for a significant amount of staff input, (2) establishment of short and long range budgets, and (3) an examination of current curricular practice" (1983,p. 2). Benefits included the ability to prioritize goals based on financial reality and the support which the method provides for financial planning. The major deficit of the model was the reduction of all decision-making questions to a matter of finance. The result of decision making based on the method might have been that the solution would not be responsive to the needs of the stakeholding populations.

The Program-Planning-Budgeting System could have been implemented as the practicum solution. Boloz and Loganbill (1983) described the manner in which the method was applied with a representative group of teachers as the decision makers and the way that the process increased the knowledge base of the teachers in relation to the financial component of the school district. This would certainly have been effective in the child care program since one of the problems was personnel's lack of knowledge regarding the financial and environmental interaction components. Since it was hoped that the practicum solution would be implemented on an ongoing basis and

encourage employee participation, there was the concern that the development, implementation, and assessment of the planning and budgeting process would revert to administration only. The Program-Planning-Budgeting System could have been implemented as a decision-making tool since the child care center is predominately supported by parent fees which could allow control to remain within the center. If funding for the center had been legislated, control would have been outside of the center, making adoption of this system useless. Program development must be tied to the financial capacities of the child care center. This has tended to produce development based on finances rather than on standards of high quality early childhood experiences. It should not be precluded, though, that finance-based development and high quality child care are completely contraindicative of each other. In regard to the question of both formative and summative capabilities, it was likely that the model would have been used in both formats. The end product would have been a plan and budget geared to one, three, and five year increments that could have been used to determine success. One concern about the use of the Program-Planning-Budgeting System was whether the focus on finances would have allowed the system to be responsive to stakeholder input. This aspect was especially important related to the transformation of the assumed mission and philosophy into a written format. If stakeholder input was desired, a mechanism such as needs assessment would have needed to be incorporated.

Radencich (1983) has indicated benefits of Program Evaluation and Review Technique to be its applicability for complex projects and the ability to provide time parameters, continual progress reports, and completion by a specific deadline (pp. 2-3). Deficits included its inability to assist in the definition of goals or to report unanticipated outcomes.

PERT would have had some benefits for application in the child care program. These would have included the provision of a structural organization for program management that would have paced the development of organizational components and for assistance in the delineation of resources required for implementation of specific projects. The method is valuable for projects that have a designated goal or end point, but many of the activities required for the child care program, such as staff development, were anticipated to be ongoing. Radencich suggested that the method would be more useful when "logical rather than creative thinking is called for" (1983, p.2). This statement suggested a difficulty that could have emerged in using the method in the

child care program. Responsiveness to stakeholders' interests, changes resulting from the influence of starting and ending semesters, and lower numbers of enrolled children in some times of the year than others, require both creativity and flexibility from planning, decision-making, evaluation methods. Another concern related to the implementation of PERT was that it is a top-down management process. While PERT could be done in a participative planning process, the effective implementation of the method would require central administration to monitor progress and initiate steps of the network plan. The Organizational Health Checklist results indicated a need for personnel to take part in decision-making processes. The increased centralization of project control and program development associated with PERT would likely have caused personnel to become less involved in maintaining the quality of the program (Cangemi, 1985).

Benefits of the CIPP Model included its utility in formative and summative perspectives and the incorporation of each of the four types of evaluation. Hudson pointed out its effectiveness as a "routinized information system" (1981, p. 173). Utilization of the four types of evaluation in the network format provided by Stufflebeam (1983, p. 126) produce an information flow that is capable of promoting the total development of a project or an organization. A major deficit of the model was stated to be the amount of time and, consequently, the cost of implementing the model in its entirety.

The CIPP Model had the potential to be effectively implemented within the child care program. The context evaluation could provide the information and structure necessary to transform the assumed mission into a written format. The input evaluation would serve the development of organizational structures such as improved staff orientation and training plans. Process evaluation would provide information feedback from individual staff members regarding the program development process. This had the ability to include everyone from assistants to administrators. This was especially important in an organization which provides human services. The outcome evaluation would provide the statistical bases for documenting benefits of the program which is necessary in the solicitation of funding. Complete implementation of the CIPP Model, using its networking capability would provide a system perspective that could manage the coordination of all program components within the child care program. The information flow resulting from

implementation would facilitate the decision-making and problem-solving processes required in the development of the organization.

A major benefit of developing and implementing an in-house method of evaluation would be its specific design for the child care program. The fit of an evaluation system to the program would be important to ensure that purposes of the evaluation are met (Borg & Gall, 1989, p. 745, Stufflebeam, 1983, p. 138). The deficits include the amount of time required to organize, delineate, and test such a method.

Implementation of an in-house method of evaluation in the child care program would be feasible. As such, it would be geared to its specific needs. A major problem of such a project would be the amount of time and expertise required to bring it to an implementable stage. Few of the personnel have the knowledge necessary to contribute to the development of the method. Another concern is the need to implement an evaluation method that would be recognized as valid by professional staff and faculty members of each of the consortium institutions. It is not as likely that an in-house approach would gain as much acceptance as would one of the other methods. Related to the same issue would be the importance of outcome information that could be understood by board members and other stakeholders.

Description and Justification for Solution Selected

The solution that was selected for implementation is the CIPP Model. This method of evaluation had the capability of supporting the improvement of the organizational components of the child care center. The CIPP Model offered a systems approach to program development by providing the information which resulted from ongoing evaluation,and which was necessary for effective decision making (Stufflebeam, 1983, p. 125). The model's incorporation of the four types of evaluation was expected to respond to the child care program's need to address planning and evaluation issues through context and input evaluation. The method was expected to support the transformation of the mission and philosophy into a written format through context evaluation. It had the capability of guiding improvement of the program in a formative manner by means of process evaluation which was expected to be responsive to stakeholders. It was also expected to provide the information necessary for improved decision making. The summative capabilities were anticipated to be effective in providing documentation of benefits to the stakeholders of

each institution, parents, and teaching personnel. The CIPP Model had the capacity to be used in a participative management style through the use of needs assessment, Delphi techniques, and feedback from process evaluation. Participative management involves personnel in decision-making processes and draws staff members into an active involvement in the organization (Cangemi, 1985, pp. 6-7). This level of personnel interaction was necessary to support the development of the program, to resolve issues related to personnel's participation in the development of program goals, and to reduce problems of employee burn-out. Despite the benefits of adopting CIPP, it was anticipated that its use would require a considerable amount of staff training. This was expected to be offset by the fact that many of the evaluation activities already in place in the child care program would continue to be implemented, but be identified within the CIPP framework to improve utilization of their results for program development. The comprehensive structure of the CIPP Model was expected to support improvement in organizational components of the child care program.

Report of Action Taken

A comprehensive plan of action was developed based on adoption of the CIPP Model of evaluation, the results from the Organizational Health Checklist, and the results of the survey based on the NAECP guidelines of evaluation methods in the various program components. The activities that were implemented included the following:

1. providing information about the CIPP Model and evaluation as a program development tool;
2. providing training in writing goals and objectives based on evaluation results;
3. increasing personnel participation in decision making and problem solving;
4. increasing personnel knowledge of financial and environmental interaction components;
5. selecting evaluation tools;
6. evaluating context, input, process, and product;
7. transforming evaluation results into decisions and solutions;
8. developing a mission statement for the program;
9. coordinating the mission, philosophy, and implementation;
10. and developing an evaluation handbook for the child care program.

Activities were scheduled over the fourteen week period of the practicum. A calendar of activities (see Appendix B) was necessary to keep the progress on track because of the large number of activities being attempted in a relatively brief period of time.

One of the most important facets of the plan was the introduction of the CIPP Model and the concept of evaluation as a means for enhancing program development. During the first week an introductory meeting was held for personnel, that focused on the results of the Organizational Health Checklist and the survey of evaluation methods that existed in various program components. An organizational chart, a program component chart, introductory information about the CIPP Model (see Appendix C), and information about upcoming events were provided at the first meeting. This was a large amount of information to be absorbed at one time and follow-up meetings were held with small groups to provide additional information in response to questions and opportunities for discussion. A key aspect of discussions was how evaluation results could be used to make decisions regarding the development of individuals, program components, and the day care center as a whole. Encouraging employees to consider evaluation as a means for facilitating program development occurred during the entire practicum period. The CIPP Model was periodically reviewed at staff meetings with demonstrations of how particular evaluation results fit into the model facilitating program decisions.

Program development requires information that may be used as a basis for decision making and problem solving. That information is the output of evaluation activities, but more than information is required. It is essential to have a structure in place that transforms decisions into action. That occurs through development of goals and objectives. Therefore, it was important to provide staff members with training in writing goals and objectives. Two small group meetings were held for that purpose - one for teachers and the other for assistants. The teachers had prior experience in writing goals and objectives and only needed to be refreshed on measuring attainment. The assistants required substantially more exposure. This was provided on an individual basis during development of individual developmental goals and objectives. Skills in these techniques continued to be refined throughout the practicum period by staff participation in the development of individual, component, and program goals and objectives.

One of the activities of the plan was increasing personnel participation in the decision making and problem solving processes of the child care center. This was addressed both directly and indirectly. One direct method was providing opportunities for employees to participate in the selection of evaluation instruments. This required scheduling meetings at times convenient for staff members to attend and enough time to review and assess material. A second direct method involved completion of evaluation instruments by staff. Teachers assessed the performance of assistants in their classrooms and assistants and teachers assessed the performance of the director. All employees developed goals and objectives that were designed to improve performance. Observations about the program development process made by staff during meetings were recorded and considered. All personnel reviewed the responses from the parent evaluation of services. In a third method, staff were asked to participate in decision making and in the development of goals and objectives. This occurred on an individual basis related to job knowledge and performance, and on a group basis for decisions related to development of program components and the program as a whole.

Indirect methods of increasing participation occurred through provision of information to personnel. People must have adequate background information to be able to participate. Staff received information on the CIPP evaluation process and the relationship between evaluation and development at the introductory meeting. One to one conversations and group discussions about evaluation and development periodically took place through out the practicum. The mission and philosophy of the child care program were topics scheduled for staff meetings. Personnel discussed the manner in which mission and philosophy related to implementation of the program, the views of the advisory board and the university about the mission, and the manner in which the mission of the center needed to support the mission of the university. Other topics of discussion during the weekly staff meetings provided information on fiscal structures, financial status, and environmental interactions of the child care center. In individual conversations regarding personnel, purchasing, or program policies, efforts were made by the author to provide as much background information as the employee desired. It was hoped that knowledge of the organizational structures would facilitate employee participation in problem solving and decision making.

The problem documentation phase of this practicum included a review of the evaluation activities already being used in the child care program and which ones were lacking. In addition, it was necessary to determine whether each established activity functioned as context, input, process, or product evaluation. The problem documentation process indicated that evaluation activities were lacking in four areas: performance evaluation of assistants, the match between the program mission, philosophy, and curriculum, parent evaluation of services, and evaluation of training opportunities and experiences. Performance evaluation is a form of input evaluation. The development of the mission and philosophy, and their relationship to curriculum implementation, involves context evaluation. Parent evaluation of services and evaluation of training experiences are forms of product evaluation. A variety of evaluation tools were collected for review. Sources included articles in Child Care Information Exchange journal, textbooks, the university's evaluation tools, and those tools used in other child care centers. The author screened the tools to reduce the number. One of the regularly scheduled staff meetings was set aside for consideration of the tools. The meeting focused on forms for assessing performance of assistants, parent evaluation of services, and evaluation of training opportunities and experiences. Evaluation of training opportunities and experiences needed to address the experiences that practicum students, interns, and field experience students had during the time in which they were assigned to the center. Staff reviewed the tools and indicated preferences. Notes were made regarding designs and questions that were considered to be effective or changes that were requested. A meeting date was set for final review and decisions. At the conclusion of the subsequent meeting, tools had been chosen for evaluating the performance of assistants, parent evaluation of services (Neugebauer, Ed., 1989, pp. 25-26), and student evaluation of field experiences (see Appendix D). Staff recognized that licensing regulations required documentation of the types and amount of training experiences each member had. Employees were also interested in having a standard form that would be used for recording the formal training experiences that each person provided to others. Logs were developed, refined, and implemented for both of those needs. An evaluation tool for assessing the match between the mission, philosophy, and curriculum implementation was not completed during the practicum.

Once the evaluation tools had been selected, they were utilized according the plan of action. The evaluation and documentation processes that were implemented during the practicum, included some that had already been in use and some that were new. One example that had been in use, was the personnel performance appraisal form for teaching and clerical staff (see Appendix D). The university's dates for the annual evaluation of personnel performance were at the start of the practicum period. The process of evaluating the center's six full-time employees was immediately implemented by the director. Simultaneously with the director's evaluation of employee performance, teachers and the director began joint assessment of assistants (see Appendix D). The other component of the performance evaluation was the evaluation of the director by employees (Neugebauer, 1990, pp. 21-22) and of teachers by assistants (see Appendix D). This took place as soon as the performance performance evaluation forms had been completed, but prior to the individual meetings in which the performance evaluations were reviewed employees. The sequence of the personnel performance evaluations and the evaluation of the director and teachers by assistants was carefully decided to ensure that any teacher or student aide would not feel that a performance evaluation had changed as a consequence of her personal view of her supervisor. The evaluations of the teacher by assistants and of the director by all personnel, were collected and reviewed by the teachers and the director. The university's tool for assessing training events had been adopted (see Appendix D). It was implemented for the first time with the introductory session to the CIPP model and used by employees to communicate their responses to specific training sessions. Employees began recording the training sessions each had received on their personnel training log. Once the staff had decided on and refined the parent evaluation of services instrument, it was printed and distributed to parents. Responses were collected during the subsequent week and a half. These were tallied and developed into a report. Two weeks prior to the end of the semester, the evaluation of training experiences forms were provided to the students who were completing practica and internships. Students completed those evaluations and returned them to the center. These were reviewed and consolidated into a report. During the tenth week of the practicum experience an audit, based on the Indiana State Department of Public Welfare licensing

regulations (1985), was completed. The audit, a form of product evaluation, assessed the program according to preset standards. The results were summarized for reporting.

The goal of the program was improvement of organizational components through a program of evaluation. The intention was to transform data resulting from evaluation activities into decisions and solutions that would enhance the child care center. The large number of evaluation activities that were initiated produced a large amount of data. This occurred for individual staff members, components of the child care program, and the program as a whole. Each staff person had a variety of feedback available to her or him, resulting from input and product evaluation. For a teacher, this included the individual performance evaluation (input evaluation), evaluation of the teacher by the assistants (input evaluation), student evaluation of the field experience (product evaluation), the parent evaluation of services (product evaluation), and the results of the Organizational Health Checklist (input evaluation). The teacher reviewed those items and pin-pointed one or two areas that she or he preferred to develop. The teacher then developed the goals, objectives, and strategies for accomplishing the goals. This same process took place with teachers, assistants, the account clerk, and the director.

Development of goals and objectives related to program components and to the program as a whole, resulted from the data of a variety of evaluation tools. Two of the tools - the Organizational Health Checklist (Neugebauer, 1981/1990) and the assessment of evaluation activities based on the NAECP guidelines (NAEYC, 1984), provided documentation of the practicum problem. The goals and objectives of this practicum, specifying implementation of a program of evaluation, were developed out of that data. Concerns of staff members about the implementation of a program of evaluation and development were logged. The logging of concerns formed the basis of process evaluation. This data influenced the amount of information and the pace at which it was presented. It also influenced the selection of the evaluation tools. Information resulting from the parent evaluation of services indicated that parents felt that communication levels from the center and personnel to parents were inadequate. As a result, strategies were developed to increase the frequency and variety of communication with parents. The results of the evaluation of student training experience were very positive and therefore, it was decided that it was not necessary to alter that component of the program. Decisions concerning whether or not to make changes in a

component of the program or a in strategy for development were generated using data from the various evaluation methods.

Development of a mission statement for the child care program was initiated during the practicum implementation period. Mission development was discussed with the program's advisory board at their first scheduled meeting after the start of the practicum. During that meeting, the author described the purposes of the practicum to the advisory board. It was stated that the program did not have a formalized mission statement and that it was important to transform unwritten assumptions about the purpose of the child care program into a written document. Information about the relationship between mission, philosophy, and curriculum implementation was discussed with members. At subsequent advisory board meetings, members reviewed statements of purpose contained in the contract of agreement between the parties, the results of the parent evaluation of services, the results of a needs assessment conducted during the previous year, and a rough draft of a mission provided by the author as a starting point for discussion. Results of the parent evaluation of services were a form of product evaluation, while the other items comprised methods used in context evaluation. Evaluation of the context of the child care program was essential to the development of the mission. Completion of a mission statement did not occur during the practicum implementation period. Changes in the meeting schedule of the advisory board and the need to address fiscal issues altered the agenda of the meetings. Since the mission statement was not complete, it was not feasible to assess the relationship between mission, philosophy, and curriculum during the practicum period.

One of the activities that was conducted during the practicum implementation was development of an evaluation procedures handbook for the child care program. This handbook contained samples of each type of evaluation,directions for implementation, and suggestions related to when implementation should occur. The handbook was developed to collect all materials in one location, to ensure that procedures were followed correctly from year to year, to reduce the amount of time required for annual preparation, to function as part of the personnel training for new employees, and to enhance the likelihood of continuity of the program of evaluation.

CHAPTER V

RESULTS, DISCUSSION, AND RECOMMENDATIONS

Results

The child care program provides services to students and employees who are affiliated with the consortium which is made up of a university, technical college, and residential training facility. The responsibilities and privileges of each organization are delineated in a contract of agreement. A number of on-going concerns and issues indicated that the program was functioning adequately rather than successfully. Examples of the concerns included uncertainty as to whether the program was meeting the child care needs of the parents or the field experience needs of students, communication breakdowns, and unresolved personnel issues. A review of the literature suggested that the presence of a number of smaller problems might be an indicator of a larger organizational problem. Two methods were used to assess the problem - the Organizational Health Checklist (Neugebauer, 1981/1990; see Appendix A) and an assessment of the evaluation activities occurring in each component of the organization using the NAECP criteria (NAEYC, 1984; see Appendix A). Results indicated areas of concern including the lack of an articulated mission. The solution strategy was the implementation of a comprehensive program of evaluation using the CIPP Model as the mechanism to provide the information necessary to make effective decisions and resolve problems.

The Organizational Health Checklist (Neugebauer, 1981/1990) and the assessment of the evaluation activities methods based on the NAECP criteria (NAEYC, 1984) were used to assess the results of implementing a program of evaluation. The use of each of these methods as problem documenters and as outcome indicators, resulted in a pretest/posttest format.

Analysis of the data from the Organizational Health Checklist occurred through measures of central tendency. Each response category of the Likert scale was assigned a value including +2.00 for strongly agree, +1.00 for agree, 0.00 for unknown or undecided, -1.00 for disagree, and -2.00 for strongly disagree. This allowed the mean to be calculated for each question and section , and the checklist as a whole. Each behavioral objective associated with checklist results, stated that a mean of at least +1.00 would be achieved. The mode was also determined for each

question and section, and the total checklist. The results related to each of the behavioral objectives specified for this practicum are as follows (see Appendix E for complete results):

The response from full-time personnel indicated an increase in agreement with statements concerning the presence of program goals and the role of the goals in the child care program. Specifically, the means related to the presence of program goals increased from +0.33 to +0.80, participation in development of those goals increased from +0.33 to + 0.40, presence of an ongoing process for evaluating progress increased from +0.33 to + 0.60, and that evaluation findings are acted upon increased from +0.33 to +0.40.

The response from part-time employees demonstrated a mean of +1.00 indicating increased agreement with the statement that all members know their roles and their required task performance.

The frequency of responses of full-time employees concerning minimization of staff burnout through provision of personal responsibility for managing their own work, variety in work assignments, training opportunities, and support, did not change. The results were bimodal as they were from the first presentation of the Organizational Health Checklist at the beginning of the practicum - two agree, two disagree. Other responses to this question were distributed across the scale.

The response from all staff related to the statement that divergent thought related to goals, philosophies, methods, or results is encouraged did not achieve a mean of +1.00. The mean for full-time employees decreased from a +0.17 to 0.00, while the mean for part-time employees remained the same at 0.00. This produced an overall mean for the question that decreased from +0.08 to 0.00. The mean of 0.00 correlates with the response category of unknown or undecided on the Likert scale.

The responses of part-time employees produced an increased mean from +0.14 to +0.20 of indicating only slight agreement with the statement that staff recruitment and selection is given a high priority to assure attainment of organization goals. A mean of +1.00 was not attained.

The responses of all personnel resulted in a mean that decreased from +0.54 to +0.50 related to the statement that the organization's leadership has complete confidence in the skills of staff members and makes efforts to tap these skills. On this question the mean for full-time personnel

decreased from +0.17 indicating slight agreement to -0.20 indicating slight disagreement. Alternatively, the mean for part-time personnel increased from +0.86 to +1.20 demonstrating full agreement.

The responses from full-time personnel demonstrated a very slightly increased mean in regard to the statement that problems are solved and decisions are made in a timely, effective manner. The mean increased from the prepracticum result of +0.17 to the postpracticum result of +0.20.

The mean response related the statement that staff feels decisions are communicated to all affected staff members and fully implemented decreased from +0.15 indicating slight agreement to -0.20 for slight disagreement. Examination of the responses by full-time and part-time groupings of staff found that the mean for full-time personnel increased from 0.00 to +0.20. The mean for the response of the part-time personnel decreased from +0.29 to -0.60

The frequency of responses for both full-time and part-time staff on the section related to financial management remained with a mode for the unknown or undecided category of the Likert scale. Responses to the environmental interaction section did demonstrate a mode for the response category of agree indicating personnel knowledge of the program components and the center's interaction with the external environment. The mode for agree was attained by both full-time and part-time groups.

A mean was calculated for the whole checklist and for each section, before the start of the practicum and at the conclusion of the implementation period. The responses on the entire checklist from both full-time and part-time personnel in both instances represented a moderate amount of agreement. Prior to the practicum implementation the means were +0.53 for full-time employees, +0.68 for part-time employees, and a mean of +0.61 for the combined group. Following the period of practicum implementation the results were slightly less but still represented a moderate amount of agreement. Responses from the full-time employees had a mean of +0.45, part-time employees had a mean of +0.59, and a combined mean of +0.52. This was further supported by modes for response categories that in both instances were agree. It must still be recognized that there was a slight reduction in the overall mean.

Calculation of the modes and means for each section of the checklist was completed both prior to and at the conclusion of the practicum implementation period. This was figured by looking at all

of the responses for all of the questions in the whole checklist or in each section. The sections of the checklist included planning and evaluation, motivation and control, group functioning, staff development, decision making and problem solving, financial management, and environmental interaction. Five of the sections - planning and evaluation, motivation and control, group functioning, staff development, decision making and problem solving, had modes for the category agree for both the prepracticum and postpracticum completions of the checklist. This held true for full-time, part-time, and the whole group of the personnel. The modes for the financial management section remained with the response category of unknown or undecided for full-time, part-time, and the whole group of the personnel. Staff responses on the environmental interaction section of the checklist produced modes that indicated a shift from the unknown or undecided category to the agree category on the postpracticum completion for full-time, part-time, and the whole group of the personnel .

The mean was calculated for responses in each section of the Organizational Health Checklist. This was done for the prepracticum completion of the checklist , as well as for the postpracticum completion. As with the mean for the entire checklist, the results indicated a decrease in nearly all sections. The environmental interaction section had an increased mean for the whole group - +0.12 to +0.53 on the postpracticum completion of the checklist. Full-time and part-time groups changed from -0.14 to +0.23 and from +0.33 to +0.83, respectively. Full-time employee responses showed increased means for planning and evaluation, and motivation and control.

At the conclusion of the implementation period, a survey of the evaluation program was implemented using the NAECP criteria (NAEYC, 1984; see Appendix A) identifying program components. The criteria combined with a yes/no response system determined whether evaluation had occurred for each component and whether findings had resulted in plans for program development. The results of the survey are as follows:

A performance evaluation had been completed for each assistant employed in the program ninety days or longer. This was demonstrated by the existence of a completed evaluation document which was signed by the individual employee and placed in her or his personnel folder. An evaluation of the curriculum to determine its match with the program mission and philosophy was not been completed. Parent evaluation of services had been accomplished as demonstrated

by existence of completed parent evaluation forms. Evaluation of training experiences provided to staff members were demonstrated by the existence of training logs and individual evaluations of training events. Student evaluation of field experiences had occurred and was documented by completed evaluation forms. Evaluation results were used by staff members to develop goals and objectives for personal development. The results of evaluations were also used to develop program goals and objectives, although not for every component.

Discussion of the Results

Implementation of this practicum occurred in a child care center that had been functioning adequately. A number of small problems including difficulties related to communication of management decisions, suggested that the center might have a larger organizational problem. According to standards set by the NAECP and according to Indiana State Department of Welfare licensing regulations there was room for improvement. A comprehensive plan of action was implemented that involved adoption of a program of evaluation. It was intended that the results of the evaluation methods would provide the information necessary to solve problems and make sound decisions. It was expected that the practicum would assist the child care program in shifting from adequate to successful, yet the results of the Organizational Health Checklist suggest that it did not. Since the practicum was implemented fairly close to the original plan, a number of questions must be posed. Are the results from the checklist valid? If so, was there a problem with the plan, with the manner in which the plan was implemented, with the amount of activities attempted in the plan? Were there other factors involved? Although, specific study of these questions is outside the scope of this practicum, it is necessary to consider them in general terms

The first question is whether the checklist has validity? The Organizational Health Checklist is not a standardized test. It is more accurately called a survey. The checklist with its Likert scale purports to measure employee perceptions of the status of the organizational health of the child care center That is what it does, and therefore it may be said that in the perception of employees of the child care center, the organization health of the child care center had degraded. The degradation was a small shift toward the negative in most cases, yet the trend was downward. Does that mean that implementation of the program generated the negative trend? It is possible. The child care program had been in a pattern of slow but steady development over a two year

period. Implementation of the program of evaluation generated a large amount of change in a four month period. Although the practicum implementation had been discussed with personnel, it is likely that insufficient groundwork was laid. That could have been quite shocking to employees. The amount of work required of everyone was large. The implementation activities asked for employee participation outside of their normal classroom routines. Even prior to the practicum implementation there was little extra time in the center for more than routine. The process of employees tackling larger work loads and making changes within the organization could have reduced the health of the organization. As a consequence, perceptions about the health of the organization could have degraded.

Another possible reason for the downward trend was that evaluation forces reassessment. The activities of the practicum and the questions of the checklist revealed to employees what things they did not know about the child care organization and where organizational improvement would be appropriate. The practicum implementation might have reframed employee perceptions, thus showing a downward trend. This would seem especially possible with part-time assistants who do not acquire as much knowledge of the organization as full-time employees.

There were two additional factors, one fiscal and one personnel, that might have contributed to the downward pattern. During the practicum implementation period, national and local economic trends were poor. The center had changed fee structures at the beginning of the semester. The economy combined with the increase in fees, resulting in a reduction in income. Employees were receiving periodic updates about the financial status. The situation did not improve over the period of the practicum. Under such circumstances morale degrades. Immediately after the completion of the practicum implementation, nearly all part-time personnel were laid off. The other factor was a personnel issue that came to a head during the practicum. Though the issue was resolved, there were residual hard feelings among a couple of employees. It is possible that both these factors adversely affected the responses on the Organizational Health Checklist.

A final question must be asked. Is there any other information available that may be considered in assessing whether there has been organizational improvement as a result of implementation of the practicum? The CIPP Model encourages use of a variety of evaluation methods to collect the data necessary for decision making and problem solving. Prior to the start of the practicum period

the only evaluation methods in practice had been performance evaluation of the director and the teachers, and assessment of children's development. By the conclusion of the practicum the following evaluation tools were also in use: parent evaluation of services, evaluation of the field experience by the student, evaluation of the director by the personnel, evaluation of the teacher by the assistants, evaluation of training events, performance evaluation of assistants, the Organizational Health Checklist, survey of the program implementation according to licensing regulation, and needs assessment. Logs were being used by personnel to document training experiences which each person received and any training sessions that she or he had provided to others. Logs were also being used to record concerns related to the process of implementation of the program of evaluation. The information resulting from the evaluation tools contributed to decision making processes and the development of goals and objectives. And lastly, substantial progress had been made toward completion of written mission and philosophy statements.

Recommendations

Comprehensive organizational improvement takes a substantial amount of effort and time. It is anticipated that it will take at least two more years to bring this program of evaluation from this first time implementation to maturity. At that point, the concept and practice of using evaluation to support program development, will be fully embedded within the life of the organization.

Dissemination

Plans for dissemination of this practicum report include three aspects. First, the abstract will be distributed among members of Nova Cluster 35. Second, several of the evaluation tools that were adopted, were originally developed and published by Child Care Information Exchange. The practicum report will be sent to them for their information. Third, the report will be submitted for acceptance with Educational Resources Information Center (ERIC).

REFERENCES

Barzelay, M. & Leone, R. A. (1987). Creating an innovative managerial culture: The Minnesota "STEP" strategy. The Journal of State Government, 60, 166-171.

Boloz, S. A., & Loganbill, J. (1983). Developing an effective school budget in the reservation school: PPBS and the school philosophy. (ERIC Document Reproduction Service No. ED 3234 946)

Borg, W. R., & Gall, M. D. (1989). Educational research: An introduction (5th ed.). New York: Longman.

Cangemi, J. P. (1985). A pragmatist's view of participative management. In J. P. Cangemi, C. J. Kowalski, & J. C. Claypool (Eds.), Participative management: Employee-management cooperation: A practical approach (pp. 1-9). New York: Philosophical Library.

Dumaine, B. (1990). The new turnaround champs. Fortune, 122, 36-44.

Eisenstat, R. A. (1990). Fairfield Coordinating Group. In J. R. Hackman (Ed.), Groups that work and those that don't): Creating conditions for effective teamwork. (pp. 19-35). San Francisco: Jossey-Bass.

Floden, R. E., & Weiner, S. S. (1983). Rationality to ritual: The multiple roles of evaluation in governmental processes. In G. F. Maduas, M. Scriven, & D. L. Stufflebeam (Eds.), Evaluation models: Viewpoints on educational and human services evaluation (pp. 177-188). Boston: Kluwer-Nijhoff.

Frame, J. D. (1987). Managing projects in organizations: How to make the best use of time, techniques, and people. San Francisco: Jossey-Bass.

Greenman, J. (1987). Some things to keep in mind while trying to change the world, General Motors, or your child care program. Child Care Information Exchange, (55), 3-7.

Hekimian, S. (1984). Criteria for the institutional evaluation of community college staff development programs. Florida University, Gainesville. (ERIC Document Reproduction Service No. ED 246 961)

House, E. R. (1983). Assumptions underlying evaluation models. In G. F. Maduas, M. Scriven, & D. L. Stufflebeam (Eds.), Evaluation models: Viewpoints on educational and human services evaluation (pp. 177-188). Boston: Kluwer-Nijhoff.

Hudson, J. (1981). Application of the CIPP Model. Paper presented at the National Conference on Prison Education. Its Role and Practice in the Modern Penitentiary. Victoria, BC. (ERIC Document Reproduction Service No. ED 302 683)

Indiana State Department of Public Welfare (1985). Regulations for licensing day nurseries. Indianapolis, IN: Child Welfare/Social Services Division.

Johnson, L. J. (1988). Program evaluation: The key to quality programming. In J. Jordan (Ed.) Early childhood special education: Birth to three (pp. 184-212). Washington, D.C.: Office of Educational Research and Improvement. (ERIC Document Reproduction Service No. ED 302 972)

Kilmann, R. H. (1989). Managing beyond the quick fix: A completely integrated program for creating and maintaining organizational success. San Francisco: Jossey-Bass.

Lee, S. M., Moeller, G. L., & Digman, L. A. (1982). Network analysis for management decisions: A stochastic approach. Boston: Kluwer-Nijhoff.

London, M. (1988). Change agents: New roles and innovation strategies for human resource professionals. San Francisco: Jossey-Bass.

National Association for the Education of Young Children. (1984). Accreditation criteria & procedures of the National Academy of Early Childhood Programs. Washington, D. C.: NAEYC.

Neilsen, E. H. (1984). Becoming an OD practitioner. Englewood Cliffs, NJ: Prentice-Hall.

Neugebauer, R. (1981/1990). Do you have a healthy organization? Child Care Information Exchange, (72), 38-41.

Neugebauer, R. (1990). Evaluation of director by staff. Child Care Information Exchange, (74), 21-22.

Neugebauer, R. (1989). Parent evaluation of child care program. Child Care Information Exchange, (67), 25-26.

Reed, M. (1985). Redirections in organizational analysis. New York: Tavistock.

Radencich, Marguerite C. (1983, April). How the US Navy can help to take the pain out of the referral process. Paper presented at the Annual International Convention of the Council for Exceptional Children, Detroit, MI. (ERIC Document Reproduction Service No. ED 229 983)

Sciarra, D. J., & Dorsey, A. G. (1979). Developing and administering a child care center. Boston: Kluwer-Nijhoff.

Stufflebeam, D. L., & Webster, W. J. (1983). An analysis of alternative approaches to evaluation. In G. F. Maduas, M. Scriven, & D. L. Stufflebeam (Eds.), Evaluation models: Viewpoints on educational and human services evaluation (pp. 23-44). Boston: Kluwer-Nijhoff.

Tyler, R. W. (1949). Basic principles of curriculum and instruction. Chicago: University of Chicago.

Tyler, R. W. (1983). A rationale for program evaluation. In G. F. Maduas, M. Scriven, & D. L. Stufflebeam (Eds.), Evaluation models: Viewpoints on educational and human services evaluation (pp. 23-44). Boston: Kluwer-Nijhoff.

APPENDICES

APPENDIX A

ORGANIZATIONAL HEALTH CHECKLIST

AND

NATIONAL ACADEMY OF EARLY CHILDHOOD PROGRAMS COMPONENT DESIGNATIONS

ORGANIZATIONAL HEALTH CHECKLIST

Complete the following checklist about the organizational health of the child care center by selecting the answer which most closely represents your opinion.

SA = strongly agree
A = agree
U = unknown or undecided
D = disagree
SD = strongly disagree

Planning and Evaluation

1. The organization has identified what it is in business for – it has developed a manageable list of specific goals for the curriculum and for the organization as a whole.

   SA _____ A _____ U _____ D _____ SD _____

2. Members of the organization helped shape these goals, are well aware of them, and are motivated to achieve them.

   SA _____ A _____ U _____ D _____ SD _____

3. Strategies for accomplishing these goals have been implemented. The organization pays more than lip service to the goals – its daily activities are directed toward achieving them.

   SA _____ A _____ U _____ D _____ SD _____

4. The organization has developed an ongoing process for evaluating progress toward achieving the goals.

   SA _____ A _____ U _____ D _____ SD _____

5. The evaluation process is taken seriously at all levels in the center. Staff members are continuously searching for ways to improve the organization's performance.

   SA _____ A _____ U _____ D _____ SD _____

6. Evaluation findings are acted upon – identified strengths are supported and weaknesses are remedied. The organization does not shy away from abandoning low performing activities and unmanageable goals.

   SA _____ A _____ U _____ D _____ SD _____

Motivation and Control

7. All staff members take the quality of the organization's services seriously.

   SA _____ A _____ U _____ D _____ SD _____

8. All staff members know their roles in the organization as well as the specific tasks they are to perform.

   SA _____ A _____ U _____ D _____ SD _____

9. Staff members exercise self–control over their own performances – they are motivated to perform well out of their commitment to achieving the organization's goals, not out of fear of punishment or desire for financial rewards.

SA _____ A _____ U _____ D _____ SD _____

10. Staff burnout is minimized by giving staff members considerable responsibility for managing their own work, by providing variety in their work assignments and training opportunities, and by offering whatever support they need to perform well.

SA _____ A _____ U _____ D _____ SD _____

11. Staff members accept the value of constructive conformity to necessary organizational rules and procedures.

SA _____ A _____ U _____ D _____ SD _____

12. Staff members perceive salaries and fringe benefits as being administered equitably and fairly.

SA _____ A _____ U _____ D _____ SD _____

Group Functioning

13. Staff members feel they are a part of a group and have a sense of loyalty to the organization.

SA _____ A _____ U _____ D _____ SD _____

14. Staff members freely cooperate. They share resources, ideas, and experiences.

SA _____ A _____ U _____ D _____ SD _____

15. Staff members feel comfortable enough in the group to openly express their feelings. The exchange of negative, as well as positive, feedback is accepted and encouraged.

SA _____ A _____ U _____ D _____ SD _____

16. Conflict over ideas – goals, philosophies, methods, or results – is fostered by the organization.

SA _____ A _____ U _____ D _____ SD _____

17. Conflict over personal issues is dealt with directly through confrontation or negotiation rather than by smoothing it over or ignoring it.

SA _____ A _____ U _____ D _____ SD _____

18. Communication flows freely and accurately in all directions – plans, problems, decisions, and developments are shared freely by the director; and problems, suggestions, and criticisms are routinely brought to the director's attention by subordinates.

SA _____ A _____ U _____ D _____ SD _____

Staff Development

19. The organization assigns high priority to the staff recruitment and selection process so as to assure that staff has sufficient skills to accomplish the organization's goals.

SA _____ A _____ U _____ D _____ SD _____

20. The organization's leadership has complete confidence in the skills of staff members and makes every effort to tap these skills to the fullest extent.

SA _____ A _____ U _____ D _____ SD _____

21. Staff members set their own training objectives and strategies, and assume responsibility for carrying them out. The organization's leadership supports their efforts by providing, whenever possible, the resources they require for self–development.

SA _____ A _____ U _____ D _____ SD _____

22. Staff members assume responsibility for supporting each other in their efforts to develop to their fullest potential.

SA _____ A _____ U _____ D _____ SD _____

23. Staff members continually provide each other with objective feedback on the effects of their performance and behavior. Performance appraisal is a daily, not yearly, occurrence.

SA _____ A _____ U _____ D _____ SD _____

24. Staff creativity is encouraged by providing an idea–rich environment and by fostering a permissive atmosphere for brainstorming and experimentation.

SA _____ A _____ U _____ D _____ SD _____

Decisionmaking and Problem Solving

25. Problems are identified and addressed early – before they get out of hand.

SA _____ A _____ U _____ D _____ SD _____

26. Problems are solved and decisions are made in a timely, effective manner.

SA _____ A _____ U _____ D _____ SD _____

27. Staff members most directly affected by, or involved with, a decision either have responsibility for making the decision on their own or have major input before a decision is made.

SA _____ A _____ U _____ D _____ SD _____

28. Parent's opinions are solicited regarding decisions affecting their children.

SA _____ A _____ U _____ D _____ SD _____

29. Decisions, once made, are communicated to all affected staff members of the organization and are implemented in full.

SA _____ A _____ U _____ D _____ SD _____

Financial Management

30. The organization develops a formal annual budget. The budget is viewed as a means of accomplishing the organization's goals for the year. It is based on a realistic projection of the expenditures required to achieve the goals and the revenues to be generated.

SA _____ A _____ U _____ D _____ SD _____

31. The organization has a sound accounting system which incorporates adequate safeguards against mismanagement and theft, and which generates required reports on a timely basis.

SA_____ A_____ U_____ D_____ SD_____

32. Monthly financial status reports are utilized to monitor the actual implementation of the budget.

SA_____ A_____ U_____ D_____ SD_____

33. Cash flow is projected at least twelve months in advance.

SA_____ A_____ U_____ D_____ SD_____

34. The organization carries out a routine schedule of property and equipment inspection, and maintenance.

SA_____ A_____ U_____ D_____ SD_____

Environmental Interaction

35. The organization is effective in collecting information on new ideas and new resources, as well as in processing this information for use in developing the organization.

SA_____ A_____ U_____ D_____ SD_____

36. The organization has an ongoing plan for marketing its services throughout the community.

SA_____ A_____ U_____ D_____ SD_____

37. Members of the organization actively participate in efforts to influence public policy decisions which impact on the organization.

SA_____ A_____ U_____ D_____ SD_____

38. The organization is effective in securing adequate financial and in–kind resources from public and/or private sources.

SA_____ A_____ U_____ D_____ SD_____

39. The organization maintains its autonomy by drawing resources from a wide range of external sources, thus not becoming overly dependent on any one source.

SA_____ A_____ U_____ D_____ SD_____

40. The organization is alert to changes in consumer needs, political moods, and economic conditions so that strategies can be developed in time for reacting to these changes.

SA_____ A_____ U_____ D_____ SD_____

Comments

Note any comments, either general or specific, that you wish to make (the comment section is my adaptation).

Reprinted with permission of Child Care Information Exchange (a bimonthly management publication for owners and directors). PO Box 2890, Redmond, WA 98073.
Addition of Likert scale to checklist by A. F. Cross.

NATIONAL ACADEMY OF EARLY CHILDHOOD PROGRAMS COMPONENT DESIGNATIONS

1. Interactions among staff and children
2. Curriculum
3. Staff-parent interaction
4. Staff qualification and development
5. Administration
6. Staffing
7. Physical environment
8. Health and safety
9. Nutrition and food service
10. Evaluation

Component headings from Accreditation Criteria and Procedures of the National Academy of Early Childhood Programs (NAEYC, 1984) used with the permission of the National Academy of Early Childhood Programs.

APPENDIX B

CALENDAR OF ACTIVITIES

Week One

A staff meeting was held for introducing the practicum, the CIPP Model, and the roles staff members would have in the implementation process.

At the conclusion of the staff meeting, staff members evaluated the CIPP training and documented the training experience on their personal training logs.

Information was presented to the advisory board of directors for development of a written mission statement.

Teachers and the author reviewed a variety of evaluation forms including parent evaluation of services forms.

The author began logging process concerns expressed by personnel and observed by the author.

The author began performance evaluations on all full-time personnel.

Week Two

Small group meetings were held to discuss the relationship between evaluation and development, and to provide training in writing goals and objectives.

Staff members evaluated the presentation about the evaluation/development relationship and the goals and objectives training and documented the experience on their training logs.

Director completed the individual feedback process related to full-time staff performance evaluations.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Three

Performance evaluation of assistants was initiated as a joint project between each supervising teacher and the author.

Assistants evaluated teachers, and teachers and assistants evaluated the director.

Assistants developed objectives related to personal development of skills and knowledge.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Four

Parent evaluation of services was initiated through distribution of the parent evaluation instrument.

The teaching staff and the author reviewed the CIPP process, discussing differences between context, input, process, and product evaluation; and discussing the manner in which evaluation processes underway at the time provide the information which supports program component development.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Five

Parent evaluation of services was completed and the author began the analysis process.

Student evaluation of field experiences was initiated.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Six

Analysis of parent evaluation of services was completed, and a report was prepared and provided to the appropriate stakeholders.

Analysis of student evaluation of training experiences was initiated.

Teaching staff and the author discussed the mission statement as it related to the context evaluation of CIPP and whether the assumed program philosophy supports the program mission.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Seven

Center was closed for two holidays and there was no practicum related activity.

Week Eight

Analysis of student evaluation of the field experience was completed, and a report was prepared and provided to the appropriate stakeholders.

All full-time staff reviewed the results of performance evaluation, parent evaluations of service, student evaluation of the field experience, and evaluations from the assistants and developed goals and objectives for personal development.

The author began collecting and collating evaluation documents for development of the evaluation program handbook.

The center was closed for two days of holiday vacation.

Week Nine

The author and teachers were focused on enrollment of children and did not conduct any practicum related activities.

Week Ten

The author and staff completed a performance audit based on Indiana State Department of Welfare Licensing Regulations (1985) and prepared a report for the appropriate stakeholders.

The logging of process concerns continued, incorporating discussion and review with staff members.

Week Eleven

The author met with the advisory board of directors to discuss the evaluation processes which had been occurring in the organization and the manner in which it has assisted in the development of organizational components. Further development of the statement of mission was discussed.

The author met with small groups of teachers and assistants to discuss the results of parent evaluations, student evaluations of field experiences, and the licensing regulations audit in preparation for writing goals and objectives.

The author continued development of the evaluation program handbook incorporating a description of the CIPP Model and its purposes, forms, procedures, and a calendar which

will guide the cycling of evaluation and utilization of evaluation results for the purpose of program development.

Logging of process concerns continued, incorporating discussion and review with staff members.

Week Twelve

A staff meeting will be held to discuss results of the evaluation processes, to review the CIPP Model, to consider whether changes need to be implemented, and if so, to determine the goals and objectives for future development.

The author completed the development of evaluation program handbook.

Logging of process concerns continued, incorporating discussion and review with staff members.

Week Thirteen

All personnel who had been employed in the program for four or more months completed the Organization Health Checklist (Neugebauer, 1981/1990).

Logging of process concerns continued, incorporating discussion and review with staff members.

Week Fourteen

The author reviewed the evaluation program using a yes/no system and the National Academy of Early Childhood Education criteria (NAEYC, 1984) for defining components of the program, to determine whether evaluation is occurring for all components of the program, whether results are being utilized to guide development, and whether practicum goal and objectives have been accomplished.

The author completed analysis of the responses on the Organizational Health Checklist and the review of the evaluation program and generated a summary of the findings.

A staff meeting was held with all personnel to discuss the results of the Organizational Health Checklist and the review of the evaluation program. Opportunities were provided for discussion of perceived benefits and deficits of the model.

The author reviewed her own goals and objectives, considered results of the practicum process, and made appropriate revisions.

INTRODUCTORY MATERIAL FOR THE CIPP MODEL

Child Care Center Program Development

Given: Change will occur. It will occur with or without our involvement.

Therefore: We can choose to guide the direction in which change occurs.

Questions: Are we satisfied, do we need to change?
What do we want to change?
Why do we want to change?
What needs are not being met?
When will change need to occur?
How will we implement change?
What are the strengths that we have which can be used in change?

Required: It is necessary to have as much information as possible to be able to implement planned change.

Question: How do we get the necessary information, the answers to these questions?

Studying our program, through implementing a variety of evaluation procedure, will result in an array of information which will assist us in:

PROBLEM SOLVING
DECISION MAKING
IMPLEMENTING PLANNED PROGRAM MANAGEMENT

Implementation of a comprehensive, ongoing program of evaluation will provide an opportunity for each parent, student, assistant, teacher, account clerk, director, and advisory board member to offer input to the program.

Using a program of evaluation to support a program of organizational development has the capability of bringing the child care center to the highest standard of early childhood education.

Evaluation and development are not a one-time event but must be part of a continuing cycle.

CIPP MODEL

The CIPP Model incorporates four kinds of evaluation:

Context Evaluation
Input Evaluation
Process Evaluation
Product Evaluation

Context evaluation identifies the organizational context, assesses the over-all needs of the people of the organization, diagnoses problems underlying needs, and judges whether the program goals and objectives meet those needs.

Example: The day care needs assessment completed in March of 1989 by people of our consortium was a context evaluation.

Input evaluation considers sources of program input like people, equipment, financial support, and strategies.

Example: Staff evaluations are a form of input evaluation. An inventory of all of our equipment would also be an input evaluation.

Process evaluation focuses on the implementation processes. It assists in identifying procedural defects.

Example: When the head teacher monitors implementation of playground usage schedule, and finds that there are problems with one class getting their time, she would implementing a process evaluation.

Product evaluation considers descriptions and judgements of results, compares them with goals and objectives and other information in order to determine merit or worth.

Example: Parent evaluation of services is an example of product evaluation.

Most of the types of evaluation already completed in this program already fit into the CIPP Model. There will be some that we will need to add. This will include parent evaluation of services, student evaluation of learning experiences, assistant evaluation of performance, cost-benefit analysis, and possibly others.

APPENDIX D

SAMPLES OF EVALUATION TOOLS

PERFORMANCE APPRAISAL FOR TEACHERS

Employee Name	Date of Evaluation
Employee Job Title	Department
Supervisor Name	Type of Review (Circle) Provisional Annual Other

Instructions

1. Review employee's work performance for the entire period; refrain from basing judgement only on recent events or isolated incidents. Disregard your general impression of the employee and concentrate on one category at a time.

2. Consider the employee on the basis of the goals you expect to be met for the job, the training received, and the time on the job. Determine which categories and subcategories are appropriate. Place a check under the code which best describes performance for each subcategory since the last appraisal. Indicate the overall rating for each subcategory and for the employee's overall performance; a + or - may be used to assign these ratings.

3. The bottom portion of this page provides the evaluator with an opportunity to assign importance weights to each category. Ranking categories by importance weight may assist supervisors in determining overall performance and explaining their evaluation of an employee's performance. This is optional.

4. COMMENTS SHOULD BE NOTED TO SUBSTANTIATE RATINGS, ESPECIALLY HIGH (O) OR LOW (I,U) RATINGS.

PERFORMANCE RATING CODES:

- O - Outstanding
- V - Very Good
- G - Good
- I - Improvement Needed
- U - Unsatisfactory

IMPORTANCE WEIGHT RANKING

	Weight
Quality of Guidance/Supervision of Children	20
Quality of Work	20
Quantity of Work	8
Adaptability	8
Working Relationships	10
Judgement/Initiative	8
Dependability	10
Care/Use of Supplies/Equipment	8
Supervision	8
Total	1.00 or 100%

QUALITY OF GUIDANCE & SUPERVISION OF CHILDREN — Importance Weight 20 — Overall Rating ____

Q	V	G	I	U	
					Sets up/maintains classroom socioemotional environment to meet children's needs
					Sensitive/responsive to concerns/needs/individual differences of children
					Uses a wide range of effective, developmentally appropriate guidance and limit-setting techniques
					Implements effective supervisory techniques to ensure safety/health of children

Comments:

QUALITY OF WORK — Importance Weight 20 — Overall Rating ____

Q	V	G	I	U	
					Prepares/implements well-organized, effective developmentally appropriate learning activities
					Prepares/implements effective weekly lesson plans
					Reviews lesson plans & learning activities to assure child development
					Sets up/implements classroom physical environment to meet children's needs
					Sets up/performs/documents/communicates assessment of child development

Comments:

QUANTITY OF WORK — Importance Weight 8 — Overall Rating ____

Q	V	G	I	U	
					Timely implementation of learning activities/lesson plans/child assessment
					Volume of acceptable work
					Efficient/effective time use

Comments:

ADAPTABILITY — Importance Weight 8 — Overall Rating ____

Q	V	G	I	U	
					Accepts, adjusts, and meets new situations
					Learns new duties and skills quickly
					Deals calmly with interruptions and changes
					Handles unexpected/crisis situations calmly

Comments:

WORKING RELATIONSHIPS Importance Weight 10 Overall Rating ___

Q	V	G	I	U	
					Cooperates/communicates with supervisor
					Cooperates with/communicates with/sensitive to concerns of coworkers
					Sensitive/responsive to concerns/needs of parents
					Projects a positive image for self, department, and organization
					Works as a team member

Comments:

JUDGEMENT/INITIATIVE Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Analyzes problems/procedures and selects best course of action
					Exhibits discretion regarding accessible confidential materials
					Proceeds with job assignments with minimal guidance after training
					Demonstrates knowledge of and compliance with organizational policies and procedures

Comments:

DEPENDABILITY Importance Weight 10 Overall Rating ___

Q	V	G	I	U	
					Completes work on schedule
					Conscientious and caring about job duties
					Conscientious about attendance (sick leave, vacation)
					Conscientious about punctuality, length of break periods
					Complies with departmental work rules and SDPW licensing regulations

Comments:

CARE & USAGE OF SUPPLIES & EQUIPMENT Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Knowledge of proper use of equipment
					Care and maintenance of equipment
					Proper use and care of supplies and work materials
					Familiar/complies with applicable safety regulations

Comments:

SUPERVISION Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Employee development
					Leadership
					Work relationships
					Discipline

Comments:

OVERALL PERFORMANCE RATING: _____ (If used, consider importance weights assigned to each criteria.)

If overall rating is I (Improvement Needed), employee will be reevaluated on _____.

If overall rating is U (unsatisfactory), employee will be reevaluated on _____

or terminated on _____.

SUPERVISOR COMMENTS:

EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

This form is based on the Purdue University Clerical and Service Worker Performance Appraisal. The basic structure and instructions are from the original. The components related to Quality of Supervision and Guidance of Children, Quality of Work, and Quantity of Work have been substantially varied to meet the needs of the child care center.

PERFORMANCE APPRAISAL FOR TEACHER ASSISTANTS

Employee Name	Date of Evaluation
Employee Job Title	Department
Supervisor Name	Type of Review (Circle) Provisional Annual Other

Instructions

1. Review employee's work performance for the entire period; refrain from basing judgement only on recent events or isolated incidents. Disregard your general impression of the employee and concentrate on one category at a time.

2. Consider the employee on the basis of the goals you expect to be met for the job, the training received, and the time on the job. Determine which categories and subcategories are appropriate. Place a check under the code which best describes performance for each subcategory since the last appraisal. Indicate the overall rating for each subcategory and for the employee's overall performance; a + or - may be used to assign these ratings.

3. The bottom portion of this page provides the evaluator with an opportunity to assign importance weights to each category. Ranking categories by importance weight may assist supervisors in determining overall performance and explaining their evaluation of an employee's performance. This is optional.

4. COMMENTS SHOULD BE NOTED TO SUBSTANTIATE RATINGS, ESPECIALLY HIGH (O) OR LOW (I,U) RATINGS.

PERFORMANCE RATING CODES:

- O - Outstanding
- V - Very Good
- G - Good
- I - Improvement Needed
- U - Unsatisfactory

IMPORTANCE WEIGHT RANKING

	Weight
Quality of Guidance/Supervision of Children	20
Quality of Work	20
Quantity of Work	8
Adaptability	8
Working Relationships	10
Judgement/Initiative	8
Dependability	10
Care/Use of Supplies/Equipment	8
Supervision	8
Total	1.00 or 100%

QUALITY OF GUIDANCE & SUPERVISION OF CHILDREN — Importance Weight 20 — Overall Rating ___

Q	V	G	I	U	
					Maintains classroom socioemotional environment to meet children's needs
					Sensitive/responsive to concerns/needs/individual differences of children
					Uses a wide range of effective, developmentally appropriate guidance and limit-setting techniques
					Implements effective supervisory techniques to ensure safety/health of children

Comments:

QUALITY OF WORK — Importance Weight 20 — Overall Rating ___

Q	V	G	I	U	
					Effectively implements developmentally appropriate learning activities
					Effectively implements weekly lesson plans
					Effectively implements classroom physical environment to meet children's needs
					Communicates observations of child development to teacher

Comments:

QUANTITY OF WORK — Importance Weight 8 — Overall Rating ___

Q	V	G	I	U	
					Timely implementation of learning activities/lesson plans/daily routine
					Volume of acceptable work
					Efficient/effective time use

Comments:

ADAPTABILITY — Importance Weight 8 — Overall Rating ___

Q	V	G	I	U	
					Accepts, adjusts, and meets new situations
					Learns new duties and skills quickly
					Deals calmly with interruptions and changes
					Handles unexpected/crisis situations calmly

Comments:

WORKING RELATIONSHIPS Importance Weight 10 Overall Rating ___

Q	V	G	I	U	
					Cooperates/communicates with supervisor
					Cooperates with/communicates with/sensitive to concerns of coworkers
					Sensitive/responsive to concerns/needs of parents
					Projects a positive image for self, department, and organization
					Works as a team member

Comments:

JUDGEMENT/INITIATIVE Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Analyzes problems/procedures and selects best course of action
					Exhibits discretion regarding accessible confidential materials
					Proceeds with job assignments with minimal guidance after training
					Demonstrates knowledge of and compliance with organizational policies and procedures

Comments:

DEPENDABILITY Importance Weight 10 Overall Rating ___

Q	V	G	I	U	
					Completes work on schedule
					Conscientious and caring about job duties
					Conscientious about attendance (sick leave, vacation)
					Conscientious about punctuality, length of break periods
					Complies with departmental work rules and SDPW licensing regulations

Comments:

CARE & USAGE OF SUPPLIES & EQUIPMENT Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Knowledge of proper use of equipment
					Care and maintenance of equipment
					Proper use and care of supplies and work materials
					Familiar/complies with applicable safety regulations

Comments:

SUPERVISION Importance Weight 8 Overall Rating ___

Q	V	G	I	U	
					Employee development
					Leadership
					Work relationships
					Discipline

Comments:

OVERALL PERFORMANCE RATING: _____ (If used, consider importance weights assigned to each criteria.)

If overall rating is I (Improvement Needed), employee will be reevaluated on _____.

If overall rating is U (unsatisfactory), employee will be reevaluated on _____

or terminated on _____.

SUPERVISOR COMMENTS:

EMPLOYEE COMMENTS:

EMPLOYEE SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

This form is based on the Purdue University Clerical and Service Worker Performance Appraisal. The basic structure and instructions are from the original. The components related to Quality of Supervision and Guidance of Children, Quality of Work, and Quantity of Work have been substantially varied to meet the needs of the child care center.

EVALUATION OF DIRECTOR BY STAFF
An Exchange Evaluation Instrument

My director is . . .	Strongly Agree				Strongly Disagree
. . . knowledgeable. She knows what is going on in the program for staff, children, a specific child (when that information is critical), parents, board, and administrators.	____	____	____	____	____
. . . in control (has a handle on things). She is actively and effectively in charge of the center's program and operations.	____	____	____	____	____
. . . dedicated. She demonstrates an interest in learning more about her job from other programs, peers, professional groups, conferences, and reading material.	____	____	____	____	____
. . . confident. She has a sense of mission for the center. I look to her for a vision of what the program is about, and where we are going.	____	____	____	____	____
. . . enthusiastic. She appears to have the energy to cope with the demands of her job. She accepts her leadership role wholeheartedly.	____	____	____	____	____
. . . an effective communicator. I understand what her expectations are for me in my role. She keeps me well–informed about policies, schedules--and notifies me well in advanced of any changes.	____	____	____	____	____
. . . responsive. When a child needs her attention she is immediately at eye level, focusing on that child.	____	____	____	____	____
. . . available to parents. She knows the families and encourages them to participate in the program. They seek her out and are comfortable sharing issues and concerns with her.	____	____	____	____	____
. . . open. She encourages employees to participate in management and welcomes suggestions. She shares the reasons for her decisions.	____	____	____	____	____
. . . fair. She investigates all sides of an issue and distributes criticism and praise with grace and equity.	____	____	____	____	____
. . . predictable. Expectations are clearly defined, and policies are routinely enforced/followed.	____	____	____	____	____
. . . a trainer. She encourages my professional growth. She provides opportunities for on–going training and development. She challenges me and stretches my perspective.	____	____	____	____	____

. . . a delegator. She uses authority with fairness and in accordance with an individual's special talents and time. ____ ____ ____ ____ ____

. . . prepared. She has a sense of priority about the center and the requirements of her role. In a crisis, she knows what to do. ____ ____ ____ ____ ____

. . . respectful. She understands people as individuals and shapes her demands accordingly. ____ ____ ____ ____ ____

. . . understanding. She realizes that each of us has different interests, abilities, attitudes, and personalities. She knows us as whole people with other roles and responsibilities. She is interested in me. ____ ____ ____ ____ ____

. . . available. I am comfortable bringing my concerns, criticisms, problems, and successes to her. She offers support and help as needed. ____ ____ ____ ____ ____

. . . efficient. She handles the day–to–day routine promptly and skillfully. ____ ____ ____ ____ ____

. . . supportive. She explains to each staff member why her work is important. She looks for opportunities to give feedback and offer praise. ____ ____ ____ ____ ____

. . . a motivator. She encourages each of us to give our best effort. Morale is high here. There is a spirit of cooperation and team effort. ____ ____ ____ ____ ____

. . . realistic. She has a sense of humor and is able to keep things in perspective. ____ ____ ____ ____ ____

. . . an influence in the community. She is an advocate for children and quality care. ____ ____ ____ ____ ____

. . . genuine. She greets me warmly and demonstrates interest and concern. I know where I stand with her. ____ ____ ____ ____ ____

. . . flexible. She encourages creative problem solving, facilitates personal growth, and keeps things interesting and exciting. ____ ____ ____ ____ ____

. . . resourceful. She knows where to go and what to do to get things done. She makes good use of center and community resources. ____ ____ ____ ____ ____

If I were the director . . .

Reprinted from Child Care Information Exchange (a bimonthly management publication for owners and directors). PO Box 2890, Redmond, WA 98073. It in turn was developed from forms contributed by five centers from across the United States. Child Care Information Exchange, August, 1990, pp.21-22.

EVALUATION OF THE TEACHER BY CLASSROOM STAFF

Strongly Agree				Strongly Disagree	My teacher . . .
____	____	____	____	____	knows what is going on in the classroom for each child, their parents, and the classroom staff.
____	____	____	____	____	participates in the center's overall program and development.
____	____	____	____	____	demonstrates an interest in learning more about her/his job from other programs, peers, professional groups, conferences, and reading material.
____	____	____	____	____	supports the mission of the center, what the program is about, and where we are going.
____	____	____	____	____	accepts her leadership role as a teacher wholeheartedly.
____	____	____	____	____	appears to have the energy to cope with the demands of her job.
____	____	____	____	____	communicates what her expectations are for me in my role.
____	____	____	____	____	keeps me well–informed about policies and policy changes.
____	____	____	____	____	keeps me well–informed about schedules and schedule changes.
____	____	____	____	____	is responsive to each child who needs her attention by immediately moving to the child's eye level, and focusing on that child.
____	____	____	____	____	is fair and consistent in guiding children's behavior and setting limits.
____	____	____	____	____	accepts and supports each child's personal, familial, and cultural characteristics.
____	____	____	____	____	knows the families and encourages them to participate in the program.
____	____	____	____	____	is sought out by families who are comfortable sharing issues and concerns with her.
____	____	____	____	____	encourages staff to participate in management of the classroom, welcomes suggestions, and shares reasons for her decisions.
____	____	____	____	____	distributes criticism and praise among the staff fairly and gracefully.
____	____	____	____	____	is predictable, with clearly defined expectations.

____ ____ ____ ____ ____ routinely enforces/follows through on policies.

____ ____ ____ ____ ____ encourages my professional growth by challenging me and stretching my perspective.

____ ____ ____ ____ ____ delegates tasks and projects with fairness, considering each individual's special talents and time.

____ ____ ____ ____ ____ knows how to prioritize among elements of the daily activities and the on–going classroom program.

____ ____ ____ ____ ____ knows what to do in crisis situations.

____ ____ ____ ____ ____ treats individual staff members respectfully and courteously.

____ ____ ____ ____ ____ is understanding of the other roles and responsibilities each person has.

____ ____ ____ ____ ____ demonstrates a genuine interest and concern for me.

____ ____ ____ ____ ____ is a person with whom I am comfortable bringing my concerns, criticisms, problems, and successes.

____ ____ ____ ____ ____ handles the day–to–day routine effectively and efficiently.

____ ____ ____ ____ ____ values and is supportive of each person's involvement in the classroom.

____ ____ ____ ____ ____ encourages each of us to give our best effort.

____ ____ ____ ____ ____ encourages a spirit of cooperation and team effort.

____ ____ ____ ____ ____ has a sense of humor, which helps her to keep situations in perspective.

____ ____ ____ ____ ____ encourages creative problem solving and divergent thinking.

____ ____ ____ ____ ____ knows where to go and what to do to get things done.

____ ____ ____ ____ ____ makes good use of center and community resources.

If I were the teacher . . .

This form has been adapted from "Evaluation of the Director by Staff" published by Child Care Information Exchange, August, 1990, which in turn was developed from those contributed by five centers from across the United States.

PARENT EVALUATION OF THE CHILD CARE PROGRAM

Child's Class_____
Please complete one form for each child who attends the center.

Yes	Sometimes	No	Based on the experiences of my child and myself in this child care program, I am able to say that:
____	____	____	My child's teacher knows and cares about my child, and responds to her/his individual needs.
____	____	____	I feel comfortable and at ease leaving my child here each day.
____	____	____	My child's teacher listens to me, respects me as a parent, and supports us as a family.
____	____	____	I know who to go to with my concerns.
____	____	____	I feel confident that my concerns will be addressed respectfully and promptly.
____	____	____	I feel comfortable with the style and forms of guidance and limit setting used by the staff.
____	____	____	The communication systems keep me well informed about what is happening in the program each day and what I need to know to plan.
____	____	____	The atmosphere here is warm and nurturing.
____	____	____	I feel welcome to visit any time I wish to do so.
____	____	____	My child is happy here.
____	____	____	My child is safe here.
____	____	____	My child's growth and development have been supported and stimulated by her/his participation in this program.
____	____	____	Staff demonstrate effective child care and teaching techniques.
____	____	____	Staff are enthusiastic about working here.
____	____	____	The daily conversations and parent–teacher conferences sufficiently inform me of my child's progress.
____	____	____	Center policies are clear, fair, and consistently enforced.
____	____	____	The meals and snacks served are nutritious and varied.

___ ___ ___ Tuition rates reflect the quality of service we receive.

___ ___ ___ Outdoor spaces are thoughtfully designed and well–maintained.

___ ___ ___ Indoor spaces are clean and appealing, and meet the needs of the children.

___ ___ ___ Supplies and equipment are adequate and kept in good condition.

___ ___ ___ The curriculum meets the needs of my child.

___ ___ ___ My child enjoys the learning activities which are part of the curriculum.

___ ___ ___ I have read the messages and newsletters sent home and posted for parents.

___ ___ ___ My participation in the program is welcome.

___ ___ ___ I have a variety of opportunities and choices about how to participate.

___ ___ ___ Parent functions keep me informed and help me feel more comfortable in the program.

___ ___ ___ I am comfortable recommending this program to friends.

___ ___ ___ I have recommended this program to friends.

Please take a few minutes to complete the following:

I could work better with the staff if . . .

A recent incident that made me feel good about the program was . . .

A recent incident that made me feel unhappy about the program was . . .

When my child talks about the center at home she/he says . . .

I wish my child's teacher would . . .

My child's teacher has helped me most by . . .

Are there any other concerns, comments you wish to express at this time?

This form was adapted from one published by Child Care Information Exchange, June, 1989. It, in turn, was developed from forms contributed by nine centers across the United States.

STUDENT EVALUATION OF THE FIELD EXPERIENCE

Supervising Teacher's Name _____

Class Instructor's Name _____

Date of Evaluation _____

Yes	No	**When I started my field experience her, I was given an orientation. I was informed of:**
____	____	the center policy for guidance and limit setting.
____	____	the names of the director, my supervising teacher, and other classroom staff.
____	____	the emergency procedures for fire and other disasters.
____	____	the dress code.
____	____	the procedure for bathroom breaks.
____	____	the policies, procedures, and phone numbers for calling in case of absence.
____	____	who would be evaluating my performance, and when.
____	____	center holidays and closings.
____	____	where students are to park their cars.
____	____	where to place my personal items.
____	____	where various rooms are located in the center.
		I feel that the center personnel:
____	____	provide a safe and secure environment for the children and adults.
____	____	provide positive, supportive relationships for the children in their care.
____	____	provide positive, supportive relationships for the families who use the center.
____	____	maintain positive, supportive relationships among the members of the personnel.
____	____	support the practicum, internship, and student teaching processes in general.
		I feel that:
____	____	I was personally treated with courtesy and respect.
____	____	my supervising teacher asked for my ideas concerning my own development.
____	____	my supervising teacher welcomed my ideas and opinions for the activities that I was to implement.

I feel that I received enough feedback on my development and performance from my instructor and from my supervising teacher on the skill areas of:

Instructor		Supervising Teacher		
Yes	No	Yes	No	
____	____	____	____	personal qualities.
____	____	____	____	oral communication.
____	____	____	____	written communication.
____	____	____	____	social/emotional skills.
____	____	____	____	general teaching skills.
____	____	____	____	behavior management.
____	____	____	____	health/safety management.
____	____	____	____	parent relations
____	____	____	____	staff relations.

I feel that I have gained from my time here in regard to my:

____	____	knowledge of child development.
____	____	observation and evaluation skills.
____	____	methods of facilitating children's learning.
____	____	interactions with parents.
____	____	as an early childhood professional.

If I were to have another field experience at this center . . .

EVALUATION OF A TRAINING EVENT

Event Title _____

Date _____

1. Do you feel that you obtained the information you expected to receive?

   Yes ____ No ____

   Please explain _____

   _____

2. What information or materials would you like to see added to the training?

   _____

   _____

3. What information or materials do you think should have been deleted from the training?

   _____

   _____

4. What about the training provided the most benefit to you?

   _____

   _____

5. What was of least benefit?

   _____

   _____

6. Please rate the printed materials from the training (1 poor, 3 average, 5 excellent - circle one).

   a. well organized 1 2 3 4 5
   b. understandable 1 2 3 4 5
   c. likely to be used 1 2 3 4 5

7. Please rate the trainer on the ability to help you understand and learn more about the topic (1 poor, 3 average, 5 excellent - circle one).

   a. speaking skills 1 2 3 4 5
   b. communication style 1 2 3 4 5
   c. presentation techniques 1 2 3 4 5

8. Please rate the overall program for content and usefulness to you.
(1 poor, 3 average, 5 excellent - circle one).

1 2 3 4 5

ORGANIZATIONAL HEALTH CHECKLIST PREPRACTICUM AND POSTPRACTICUM RESULTS

			Prepracticum	Postpracticum
Strongly agree (SA)	+2.00			
Agree (A)	+1.00	Full-time staff	N=6	N=5
Unknown or undecided (U)	0.00	Part-time staff	N=7	N=5
Disagree (D)	-1.00	Total	N=13	N=10
Strongly disagree (SD)	-2.00			

Planning and Evaluation

1. The organization has identified what it is in business for – it has developed a manageable list of specific goals for the curriculum and for the organization as a whole.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(4)	mean +1.57, mode SA(4)	mean +1.00, mode A(7)
Postpracticum	mean +0.80, mode A(4)	mean +0.80, mode A(3)	mean +0.80, mode A(7)

2. Members of the organization helped shape these goals, are well aware of them, and are motivated to achieve them.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(4)	mean +1.43, mode A(4)	mean +0.92, mode A(8)
Postpracticum	mean +0.40, mode A(3)	mean +0.40, mode A(3)	mean +0.40, mode A(6)

3. Strategies for accomplishing these goals have been implemented. The organization pays more than lip service to the goals – its daily activities are directed toward achieving them.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(5)	mean +0.86, mode A(3)	mean +0.77, mode A(8)
Postpracticum	mean +0.40, mode A(3)	mean +1.00, mode A(3)	mean +0.70, mode A(6)

4. The organization has developed an ongoing process for evaluating progress toward achieving the goals.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(4)	mean +0.71, mode A(5)	mean +0.54, mode A(8)
Postpracticum	mean +0.60, mode A(2)	mean +0.80, mode A(4)	mean +0.70, mode A(6)

5. The evaluation process is taken seriously at all levels in the center. Staff members are continuously searching for ways to improve the organization's performance.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.17, mode A(3)	mean +1.00, mode SA(3)	mean +1.08, mode SA/A(5)
Postpracticum	mean +0.80, mode A/U(2)	mean +1.00, mode A(3)	mean +0.90, mode A(5)

6. Evaluation findings are acted upon – identified strengths are supported and weaknesses are remedied. The organization does not shy away from abandoning low performing activities and unmanageable goals.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(3)	mean +0.57, mode A(3)	mean +0.46, mode A(6)
Postpracticum	mean +0.40, mode A(3)	mean +0.60, mode A(3)	mean +0.50, mode A(6)

Planning and Evaluation Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.53, mode A(22)	mean +1.02, mode A(20)	mean +0.79, mode A(42)
Postpracticum	mean +0.57, mode A(17)	mean +0.77, mode A(19)	mean +0.67, mode A(36)

Motivation and Control

7. All staff members take the quality of the organization's services seriously.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.67, mode SA(4)	mean +0.86, mode A(3)	mean +1.23, mode SA(6)
Postpracticum	mean +1.20, mode SA/A(2)	mean +0.80, mode A(3)	mean +1.00, mode A(5)

BEST COPY AVAILABLE

8. All staff members know their roles in the organization as well as the specific tasks they are to perform.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, mode A(6)	mean +0.29, mode A/D(3)	mean +0.62, mode A(9)
Postpracticum	mean +1.40, mode A(3)	mean +1.00, mode SA/A(2)	mean +1.20, mode A(5)

9. Staff members exercise self–control over their own performances – they are motivated to perform well out of their commitment to achieving the organization's goals, not out of fear of punishment or desire for financial rewards.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.17, mode A(5)	mean +1.00, mode A(5)	mean +1.08, mode A(10)
Postpracticum	mean +1.40, mode A(3)	mean +1.00, mode A(5)	mean +1.20, mode A(8)

10. Staff burnout is minimized by giving staff members considerable responsibility for managing their own work, by providing variety in their work assignments and training opportunities, and by offering whatever support they need to perform well.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean 0.00, mode A/D(2)	mean +0.86, mode A(5)	mean +0.46, mode A(7)
Postpracticum	mean 0.00, mode A/D(2)	mean +0.60, mode A(4)	mean +0.30, mode A(6)

11. Staff members accept the value of constructive conformity to necessary organizational rules and procedures.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, modeSA/A/U(2)	mean +1.14, mode A(6)	mean +1.08, mode A(8)
Postpracticum	mean +1.00, mode A(3)	mean +0.60, mode A(4)	mean +0.80, mode A(7)

12. Staff members perceive salaries and fringe benefits as being administered equitably and fairly.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, mode A(4)	mean -0.57, mode D(4)	mean +0.15, mode A/U/D(4)
Postpracticum	mean +1.00, mode A(3)	mean -1.00, mode D/SD(2)	mean +0.00, mode A(4)

Motivation and Control Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.97, mode A(21)	mean +0.60, mode A(22)	mean +0.77, mode A(43)
Postpracticum	mean +1.00, mode A(16)	mean +0.50, mode A(19)	mean +0.75, mode A(35)

Group Functioning

13. Staff members feel they are a part of a group and have a sense of loyalty to the organization.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, mode A(4)	mean +1.29, mode A(5)	mean +1.15, mode A(9)
Postpracticum	mean +1.20, mode A(4)	mean +0.80, mode A(3)	mean +1.00, mode A(7)

14. Staff members freely cooperate. They share resources, ideas, and experiences.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.50, mode SA(4)	mean +1.86, mode SA(6)	mean +1.69, mode SA(10)
Postpracticum	mean +1.20, mode A(4)	mean +1.20, mode SA/A(2	)mean +1.20, mode A(6)

15. Staff members feel comfortable enough in the group to openly express their feelings. The exchange of negative, as well as positive, feedback is accepted and encouraged.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, mode A(3)	mean +1.14, mode A(6)	mean +1.08, mode A(9)
Postpracticum	mean +0.40, mode U(2)	mean +1.00, mode A(3)	mean +0.70, mode A(4)

16. Conflict over ideas – goals, philosophies, methods, or results – is fostered by the organization.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.17, mode A(3)	mean 0.00, mode U(3)	mean +0.08, mode A(5)
Postpracticum	mean 0.00, mode A/U(2)	mean 0.00, mode U(3)	mean 0.00, mode U(5)

17. Conflict over personal issues is dealt with directly through confrontation or negotiation rather than by smoothing it over or ignoring it.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(5)	mean +0.57, mode A(5)	mean +0.62, mode A(10)
Postpracticum	mean -0.20, mode D(3)	mean 0.00, mode A/D(2)	mean -0.10, mode D(5)

18. Communication flows freely and accurately in all directions – plans, problems, decisions, and developments are shared freely by the director; and problems, suggestions, and criticisms are routinely brought to the director's attention by subordinates.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(5)	mean +1.00, mode A(5)	mean +0.85, mode A(10)
Postpracticum	mean -0.60, mode D(4)	mean +0.20, mode A(3)	mean -0.20, mode D(6)

Group Functioning Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.83, mode A(21)	mean +0.98, mode A(24)	mean +0.91, mode A(45)
Postpracticum	mean +0.33, mode A(14)	mean +0.53, mode A(14)	mean +0.43, mode A(28)

Staff Development

19. The organization assigns high priority to the staff recruitment and selection process so as to assure that staff has sufficient skills to accomplish the organization's goals.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(5)	mean +0.14, mode A(3)	mean +0.38, mode A(8)
Postpracticum	mean +0.20, mode A(3)	mean +0.20, mode A(3)	mean +0.20, mode A(6)

20. The organization's leadership has complete confidence in the skills of staff members and makes every effort to tap these skills to the fullest extent.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.17, mode A(3)	mean +0.86, mode SA(3)	mean +0.54, mode A(5)
Postpracticum	mean -0.20, mode D(3)	mean +1.20, mode A(4)	mean +0.50, mode A(4)

21. Staff members set their own training objectives and strategies, and assume responsibility for carrying them out. The organization's leadership supports their efforts by providing, whenever possible, the resources they require for self–development.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.50, mode U(3)	mean +1.29, mode SA/A(3)	mean +0.92, mode SA(5)
Postpracticum	mean +0.80, mode A(3)	mean +0.20, mode A/U(2)	mean +0.50, mode A(5)

22. Staff members assume responsibility for supporting each other in their efforts to develop to their fullest potential.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.17, mode A(5)	mean +1.14, mode A(4)	mean +1.15, mode A(9)
Postpracticum	mean +1.00, mode A(5)	mean +1.20, mode A(4)	mean +1.10, mode A(9)

23. Staff members continually provide each other with objective feedback on the effects of their performance and behavior. Performance appraisal is a daily, not yearly, occurrence.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.50, mode SA/D(2)	mean +1.92, mode A(5)	mean +0.92, mode A(6)
Postpracticum	mean +0.80, mode A(4)	mean +0.20, mode A/U(2)	mean +0.50, mode A(6)

24. Staff creativity is encouraged by providing an idea–rich environment and by fostering a permissive atmosphere for brainstorming and experimentation.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(5)	mean +1.29, mode A(5)	mean +1.00, mode A(10)
Postpracticum	mean -0.20, mode D(3)	mean +1.20, mode A(4)	mean +0.50, mode A(5)

Staff Development Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.61, mode A(19)	mean +1.00, mode A(22)	mean +0.82, mode A(41)
Postpracticum	mean +0.40, mode A(17)	mean +0.70, mode A(19)	mean +0.55, mode A(36)

Decisionmaking and Problem Solving

25. Problems are identified and addressed early – before they get out of hand.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.83, mode A(5)	mean +0.71, mode A(6)	mean +0.77, mode A(11)
Postpracticum	mean +0.60, mode A(4)	mean +0.80, mode A(4)	mean +0.70, mode A(8)

26. Problems are solved and decisions are made in a timely, effective manner.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.17, mode A(3)	mean +0.57, mode A(5)	mean +0.38, mode A(8)
Postpracticum	mean +0.20, mode A(3)	mean +0.40, mode A(3)	mean +0.30, mode A(6)

27. Staff members most directly affected by, or involved with, a decision either have responsibility for making the decision on their own or have major input before a decision is made.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(4)	mean +0.57, mode A(3)	mean +0.46, mode A(7)
Postpracticum	mean -0.20, mode D(3)	mean +0.80, mode A/U(2)	mean +0.30, mode A(4)

28. Parent's opinions are solicited regarding decisions affecting their children.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode A(3)	mean +0.71, mode A/U(3)	mean +0.69, mode A(6)
Postpracticum	mean +0.20, mode A/U(2)	mean +1.40, mode SA(3)	mean +0.80, mode SA/A/U(3)

29. Decisions, once made, are communicated to all affected staff members of the organization and are implemented in full.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean 0.00, mode D(3)	mean +0.29, mode A/U/D(2)	mean +0.15, mode D(5)
Postpracticum	mean +0.20, mode A(3)	mean -0.60, mode D(2)	mean -0.20, mode A/D(4)

Decision Making and Problem Solving Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.40, mode A(16)	mean +0.57, mode A(19)	mean +0.49, mode A(35)
Postpracticum	mean +0.20, mode A(14)	mean +0.56, mode A(11)	mean +0.38, mode A(25)

Financial Management

30. The organization develops a formal annual budget. The budget is viewed as a means of accomplishing the organization's goals for the year. It is based on a realistic projection of the expenditures required to achieve the goals and the revenues to be generated.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode U(4)	mean +0.14, mode U(4)	mean +0.23, mode U(8)
Postpracticum	mean +0.20, mode A/U(2)	mean +0.40, mode U(3)	mean +0.30, mode U(5)

31. The organization has a sound accounting system which incorporates adequate safeguards against mismanagement and theft, and which generates required reports on a timely basis.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +1.00, modeSA/A/U(2)	mean +0.14, mode U(6)	mean +0.54, mode U(8)
Postpracticum	mean +1.20, mode SA/A(2)	mean +0.40, mode U(4)	mean +0.80, mode U(5)

32. Monthly financial status reports are utilized to monitor the actual implementation of the budget.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.67, mode U(3)	mean +0.14, mode U(6)	mean +0.38, mode U(9)
Postpracticum	mean +0.60, mode U(3)	mean 0.00, mode U(5)	mean +0.30, mode U(8)

33. Cash flow is projected at least twelve months in advance.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean 0.00, mode U(6)	mean +0.14, mode U(6)	mean +0.08, mode U(12)
Postpracticum	mean -0.40, mode U(3)	mean 0.00, mode U(3)	mean -0.20, mode U(6)

34. The organization carries out a routine schedule of property and equipment inspection, and maintenance.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.17, mode U(3)	mean +0.29, mode A(4)	mean +0.23, mode A(6)
Postpracticum	mean 0.00, mode A/D(2)	mean 0.00, mode A/D(2)	mean 0.00, mode A/D(4)

Financial Management Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.43, mode U(18)	mean +0.17, mode U(23)	mean +0.29, mode U(41)
Postpracticum	mean +0.32, mode U(10)	mean +0.16, mode U(16)	mean +0.24, mode U(26)

Environmental Interaction

35. The organization is effective in collecting information on new ideas and new resources, as well as in processing this information for use in developing the organization.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.33, mode A(4)	mean +0.86, mode A(4)	mean +0.69, mode A(8)
Postpracticum	mean +0.80, mode A(4)	mean +0.80, mode A(4)	mean +0.80, mode A(8)

36. The organization has an ongoing plan for marketing its services throughout the community.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean 0.00, mode A/U/D(2)	mean 0.00, mode U(5)	mean 0.00, mode U(7)
Postpracticum	mean +0.60, mode A(3)	mean +1.00, mode A(3)	mean +0.80, mode A(6)

37. Members of the organization actively participate in efforts to influence public policy decisions which impact on the organization.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean -0.33, mode U(3)	mean +0.14, mode U(6)	mean -0.08, mode U(9)
Postpracticum	mean +0.60, mode A(3)	mean +0.20, mode U(4)	mean +0.40, mode U(6)

38. The organization is effective in securing adequate financial and in–kind resources from public and/or private sources.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean -0.17, mode U(3)	mean +0.29, mode U(5)	mean +0.08, mode U(8)
Postpracticum	mean -0.60, mode D(3)	mean +0.80, mode A/U(2)	mean +0.10, mode U(4)

39. The organization maintains its autonomy by drawing resources from a wide range of external sources, thus not becoming overly dependent on any one source.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean -0.50, mode U/D(3)	mean +0.29, mode U(5)	mean -0.08, mode U(8)
Postpracticum	mean 0.00, mode U(3)	mean +1.20, mode SA/A(2)	mean +0.60, mode U(4)

40. The organization is alert to changes in consumer needs, political moods, and economic conditions so that strategies can be developed in time for reacting to these changes.

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean -0.33, mode U(3)	mean +0.43, mode U(4)	mean +0.08, mode U(7)
Postpracticum	mean 0.00, mode A/D(2)	mean +1.00, mode SA/U(2)	mean +0.50, mode A/U(3)

Environmental Interaction Section

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean -0.14, mode U(15)	mean +0.33, mode U(27)	mean +0.12, mode U(42)
Postpracticum	mean +0.23, mode A(13)	mean +0.83, mode A(13)	mean +0.53, mode A(26)

Whole Checklist

	Full-time Staff	Part-time Staff	Total Group
Prepracticum	mean +0.53, mode A(116)	mean +0.68, mode A(129)	mean +0.61, mode A(245)
Postpracticum	mean +0.45, mode A(98)	mean +0.59, mode A(100)	mean +0.52, mode A(198)

Reprinted with permission of Child Care Information Exchange (a bimonthly management publication for owners and directors). PO Box 2890, Redmond, WA 98073.

Addition of Likert scale to checklist by A. F. Cross.